

NOTE.
7/24/18.

NEW

BUSINESS



MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 388 Event Name: Second Annual Rendezvous at St. Anne de Detroit

Event Date : September 22 - 23, 2018

Street Closure: None

Organization Name: St. Anne de Detroit Catholic

Street Address: 1000 St. Anne Street Detroit, MI 48216

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

French Canadian and Native American cultural festival held at 1000 St. Anne Street from 11:30am - 6:30pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; DPD Assisted event
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 12 JUL 2018 PM2:49

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (Grant) (JA; RM)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Stages
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.12 14:14:47 -0400

Date: **July 12, 2018**

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 08, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
TRANSPORTATION DEPARTMENT PLANNING AND DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER FIRE DEPARTMENT

388 *Ste. Anne de Detroit Catholic Parish, request to hold "Second Annual Rensez-vous at Ste. Anne de Detroit" at 1000 Ste. Anne Street on September 22 and 23, 2018 beginning at 11:30 AM each day with various street closures.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Second Annual Rendez-vous at Ste. Anne de Detroit

Event Location: 1000 Ste. Anne Street, Detroit, MI 48216

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ste. Anne de Detroit CATHOLIC PARISH

Organization Mailing Address: 1000 Ste. Anne Street, Detroit, MI 48216

Business Phone: 313-496-1701 Business Fax: 313-496-0429

Federal Tax ID # 38-1359233

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Monsignor Charles Kosanke

Title/Role: PASTOR

Email Address: chuck.kosanke@steannedetroit.org

Mailing Address: 1000 Ste. Anne Street, Detroit, MI 48216

Business Phone: 313-496-1701 Business Fax: 313-496-0429

Event On-Site Contact Person:

Mailing Address:

Business Phone: Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: Alliance Francaise de Detroit; Alliance CATHOLIC CREDIT

UNION; Honey Bee MARKET; Richelieu Club of Windsor AND OTHERS pending
Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Provide a brief description of your event:

The Second Annual Rendez-vous at Ste. Anne de Detroit is a French Canadian and Native American cultural festival which celebrates the founding heritages of Detroit with French Canadian and Native American music, dancing and food. We are also having a 5K RUN this year on 9/22.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 9/21/2018 Complete Set-up Date & Time: 9/21/2018 7:00 PM

Event Start Date & Time: 9/22/18 11:30 AM Event End Date & Time: 9/23/18 6:30 PM

Begin Tearing Down Date: 9/23/18 Complete Tear Down Date: 9/24/18

Event Times (If more than one day, give times for each day): Saturday, 9/22/18 11:30 A.M. - 9:00 P.M.

Sunday, 9/23/18 11:30 A.M. - 6:30 P.M.

Is this the first time you have held this event in the City of Detroit? Yes No

If no, what years has the event been held in Detroit?

2017

When was the event last held in Detroit?

9/10/17

Where was the event last held in Detroit?

1000 Ste Anne St. Detroit, MI 48216

What were the hours last year?

11:30 A.M. - 6:30 P.M.

Project Attendance This Year (Minimum - Maximum)?

1,000 - 1,500

What is the basis for your projected attendance? Last year's attendance was over 850 people. The event was met with much enthusiasm and more people have heard about the upcoming festival so increased attendance is anticipated.

Please describe your anticipated/ target audience: French and Native American ethnic groups, French language teachers and students, people interested in music and history.

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year?

French Canadian Heritage Week Same week in September to coincide with in Michigan.

If a parade is planned. Indicate elements (check all that apply):

- [] People [] Balloons
[] Floats [] Animals
[] Vehicles [] Other:
[] Bands

If animals included, specify type, number and how used.

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1000 Ste Anne Street, Detroit, MI 48216

Facilities to be used (circle): Street Sidewalk Park City Facility

The FESTIVAL WILL BE HELD ON CHURCH PROPERTY.
Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

SEE Exhibit #1

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- Singers Magician
 Musicians Story Telling
 Comedians Other: _____

Describe the entertainment for this year's event: French Canadian and Native American traditional music and dancing. Story telling - French/Indian folklore.

List proposed entertainers and/or bands performing at the event: Marcel Bénéteau, Spirits Rising and Trois Bouffons

Will a sound system be used? Yes No

If yes, what type of sound system? 4 speakers

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: NOON - 9 p.m on 9/22/18 NOON - 6:30 p.m on 9/23/18

Will the event consist of a musical concert? Yes No

If yes, what type of music? (check all that apply)

Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

4 powered speakers, 110 outlet

How many generators will be used? 0

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: _____

Address:

Phone:

City/State/Zip:

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

Radio (Specify stations): WDEO, WRCT

Television (Specific stations): WDIV

Newspapers (specify papers): Le Reppart (Windsor French Newspaper), Michigan Catholic, Detroit Free Press, Detroit News, SMOKE & FIRE (Re-enactors publication)

Web site (identify web address): www.ste-anne.org

Public Relations or Marketing Firm (Specify): Elizabeth Bourne & Associates

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify): MICHIGAN HISTORY MAGAZINE, Metro Parppat, church bulletins, PURE MICHIGAN, CULTURE SOURCE

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: online ticket sales

Will there be on-site ticket sales? Yes No Family pass \$25 (max 6)

If yes, list price(s): \$10 ADULTS, \$5 seniors and students, children under 5 free

Will food be sold? Yes No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? Yes No

If yes, describe: artisans will be selling French, Native American, Michigan and Detroit themed artwork.

Will a percentage of the proceeds be distributed to a charitable organization? Yes No

If yes, describe: Vendors will give a donation to Ste. Anne de Detroit

If the event is a fundraiser, identify charity or recipient of funds:

Ste. Anne de Detroit

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: arts and crafts, t-shirts, food, nonalcoholic and Alcoholic beverages.

Will these be exclusive vendors or outside vendors? (please describe): Outside vendors will be selling food.

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Shamicqua Cuffey

Address: 7457 Franklin Rd. Suite 222 Phone: 888-386-4068 ex. 103

City/State/Zip: Bloomfield Hills mi. 48301

Number of Private Security Personnel Hired Per Shift: 2+

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Exhibits #1 & #2

Describe the emergency evacuation plan: See site plan. The event is outdoors with three easily accessible exits.

Describe the parking plan to accommodate anticipated attendance: AMPLE STREET PARKING FOR BLOCKS.

We have also secured parking lots in the area. See Attachment.
How will you advise attendees of parking options? FACEBOOK AND CHURCH WEBSITE EVENT PAGES, PARKING SIGNS POSTED IN AREA AND EVENT STAFFERS DIRECTING PARKING.

Are you seeking a group parking rate? NO

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

ADDITIONAL PEDESTRIAN & VEHICLE TRAFFIC.

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: There is no Neighborhood Association on file with the city. Neighbors have been personally visited and notified.

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Jim & Linda Garrison, 313-910-2103

MR. SALINAS, 1213 Ste Anne St. Detroit, MI 48216

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

4 tents, 18 canopies

Size/Height

Booth

Tent (enclosed on 3 sides)

60x90, 20x60, 20x60, 20x30

Canopy (open on all sides) 18, 10x10 for food vendors and artisans.

Staging/Scaffolding 16' wide x 12' deep, 2' high

Bleachers _____

Company: S+R Event Rental

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles

Type/Weight: _____

Other:

Portable Restroom TRAILER

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

NO

Will additional utility services be used (power, water, etc.)? Please describe.

NO

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

NO

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Sarah

Address: 2876 Tyler Rd. Phone: 734-482-7633

City/State/Zip Ypsilanti, MI 48198

Name of company providing emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. Parkway Services, Inc., Portable Toilets

Contact Person: _____

Address: 2876 Tyler Road Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company?

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

SEE Exhibits 3A & 3B

Attach a map or sketch of the proposed area for closure.

STREET NAME: St. ANNE

FROM St. ANNE Church

TO LAFAYETTE

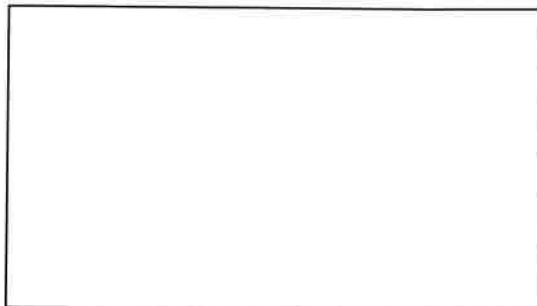
Closure Dates: 9.22.18

Beg. Time: 9:25 AM

End Time: 9:30 AM

Reopen Date: 9.22.18

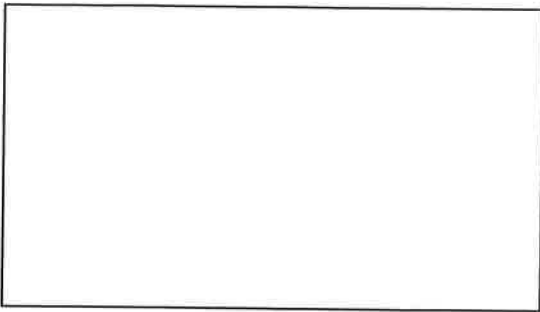
Time: 9:30 AM



STREET NAME: LAFAYETTE

FROM LAFAYETTE
TO ROSA PARKS

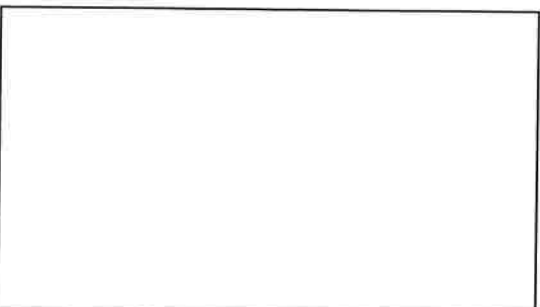
Closure Dates: 9.22.18
Beg. Time: 9:30 AM
End Time: 9:40 AM
Reopen Date: 9.22.18
Time: 9:40 AM



STREET NAME: ROSA PARKS

FROM ROSA PARKS
TO BAGLEY

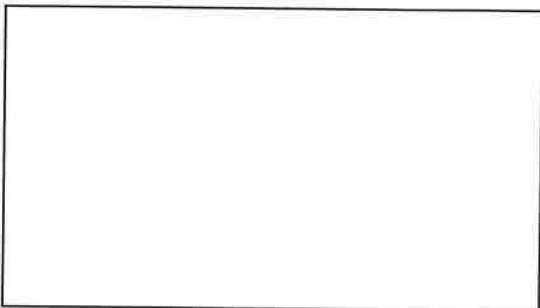
Closure Dates: 9.22.18
Beg. Time: 9:40 AM
End Time: 10:00 AM
Reopen Date: 9.22.18
Time: 9:40 AM



STREET NAME: BAGLEY

FROM BAGLEY
TO 18th Street

Closure Dates: 9.22.18
Beg. Time: 9:50 AM
End Time: 10:00 AM
Reopen Date: 9.22.18
Time: 10:00 AM



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs Light pole

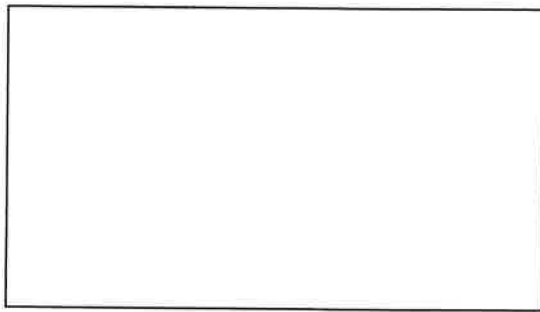
Electrical Services Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

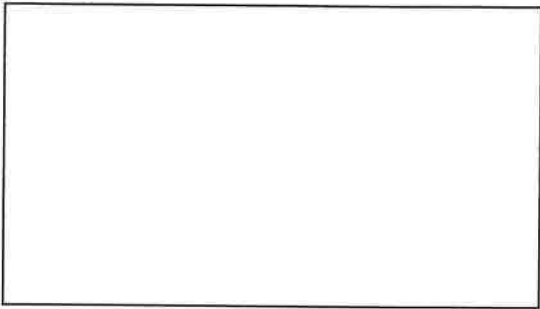
ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

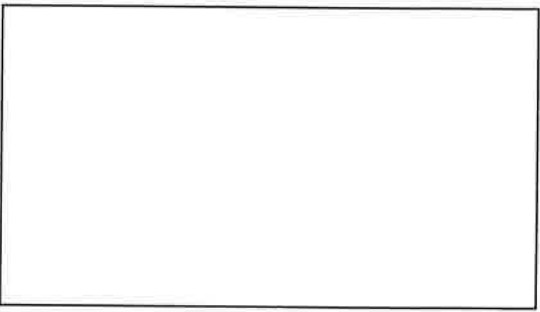
STREET NAME: 18th Street
FROM 18th Street
TO VERMOR
Closure Dates: 9-22-18
Beg. Time: 10:00 AM
End Time: 10:15 AM
Reopen Date: 9-22-18
Time: 10:15 AM



STREET NAME: VERMOR
FROM VERMOR
TO 17th St.
Closure Dates: 9-22-18
Beg. Time: 10:05 AM
End Time: 10:20 AM
Reopen Date: 9-22-18
Time: 10:20 AM



STREET NAME: 17th Street
FROM 17th St.
TO MICHIGAN AVE.
Closure Dates: 9-22-18
Beg. Time: 10:10 AM
End Time: 10:25 AM
Reopen Date: 9-22-18
Time: 10:25 AM



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

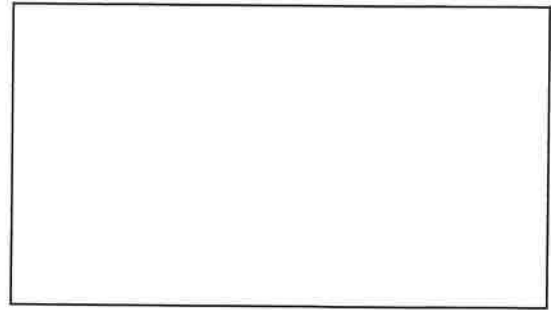
ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

STREET NAME: MICHIGAN AVE.

FROM MICHIGAN AVE.
TO 20th St.

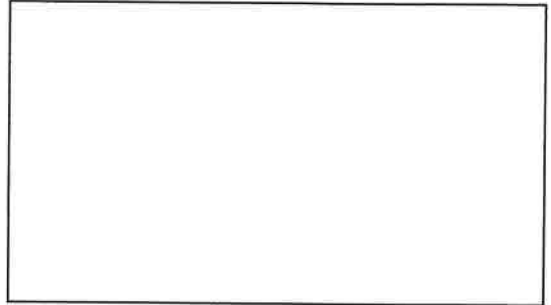
Closure Dates: 9-22-18
Beg. Time: 10:15 AM
End Time: 10:30 AM
Reopen Date: 9-22-18
Time: 10:30 AM



STREET NAME: 20th St.

FROM 20th St.
TO NEWARK

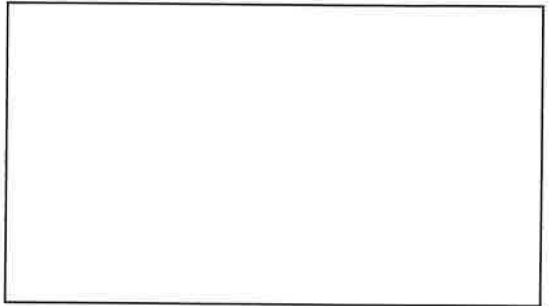
Closure Dates: 9-22-18
Beg. Time: 10:20 AM
End Time: 10:40 AM
Reopen Date: 9-22-18
Time: 10:40 AM



STREET NAME: NEWARK

FROM NEWARK
TO VEA NOR

Closure Dates: 9-22-18
Beg. Time: 10:25 AM
End Time: 10:45 AM
Reopen Date: 9-22-18
Time: 10:45 AM



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

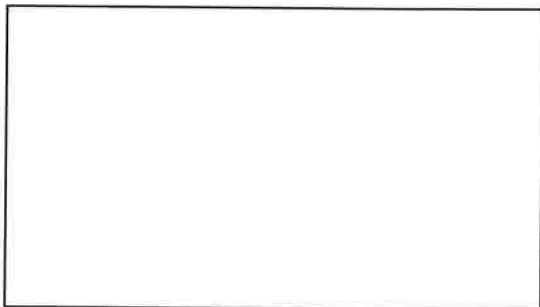
ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

STREET NAME: VERNOR

FROM VERNOR
TO St. Anne

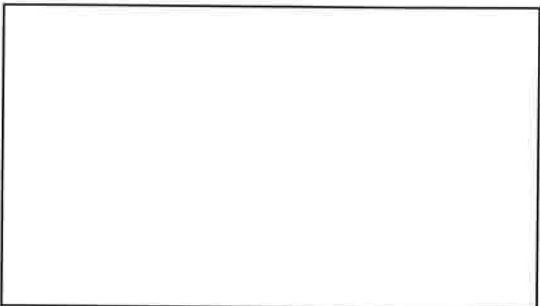
Closure Dates: 9-22-18
Beg. Time: 10:30 AM
End Time: 10:45 AM
Reopen Date: 9-22-18
Time: 10:45 AM



STREET NAME: St. Anne

FROM St. Anne
TO St. Anne Church

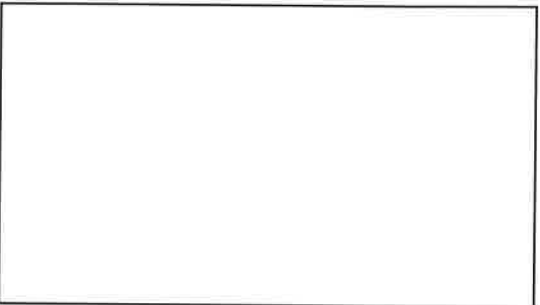
Closure Dates: 9-22-18
Beg. Time: 10:40 AM
End Time: 11:15 AM
Reopen Date: 9-22-18
Time: 11:30 AM



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Light pole
- Electrical Services
- Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

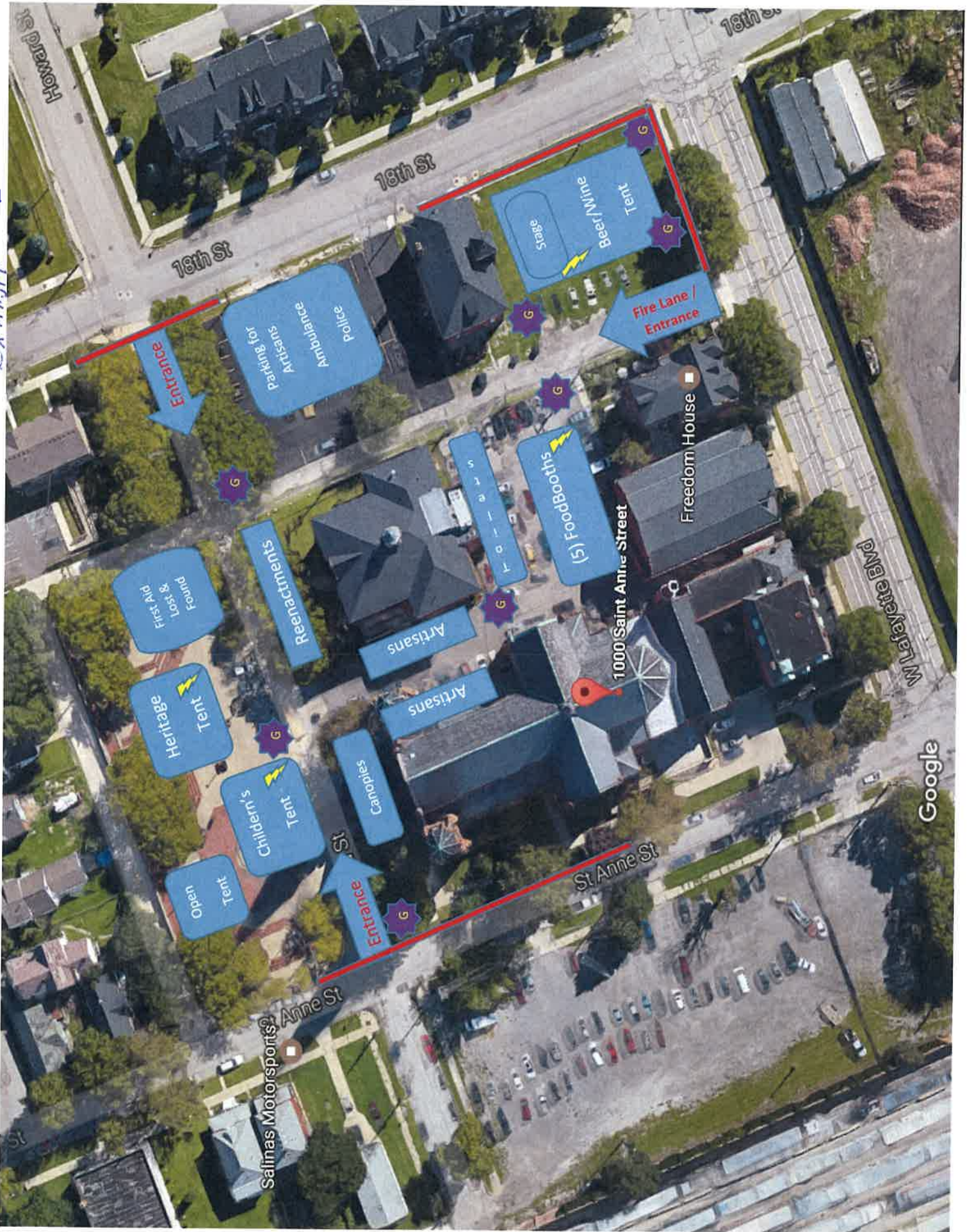


Exhibit #2

Ste. Anne de Detroit
Rendez-vous Parking Sites

Ste. Anne de Detroit
1000 Ste. Anne St.
Detroit Mi.48216
Near Ambassador Bridge

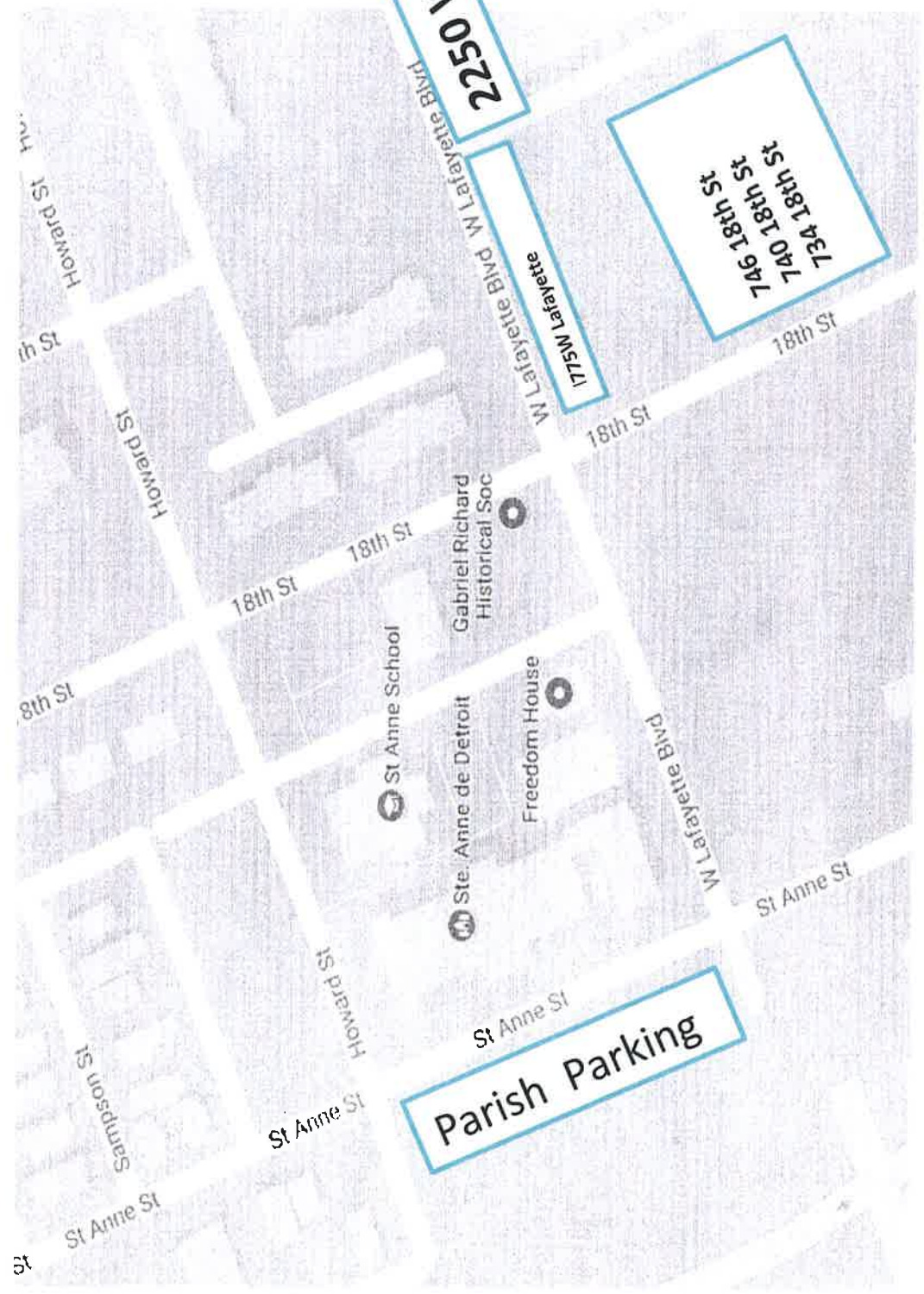
All Parking is free.
All streets parking is
accessible 24/7

There is ample parking
on all side streets

- Howard St.
- 18th St.
- W Lafayette
- Ste. Anne St.

Parking attendants
will assist you.

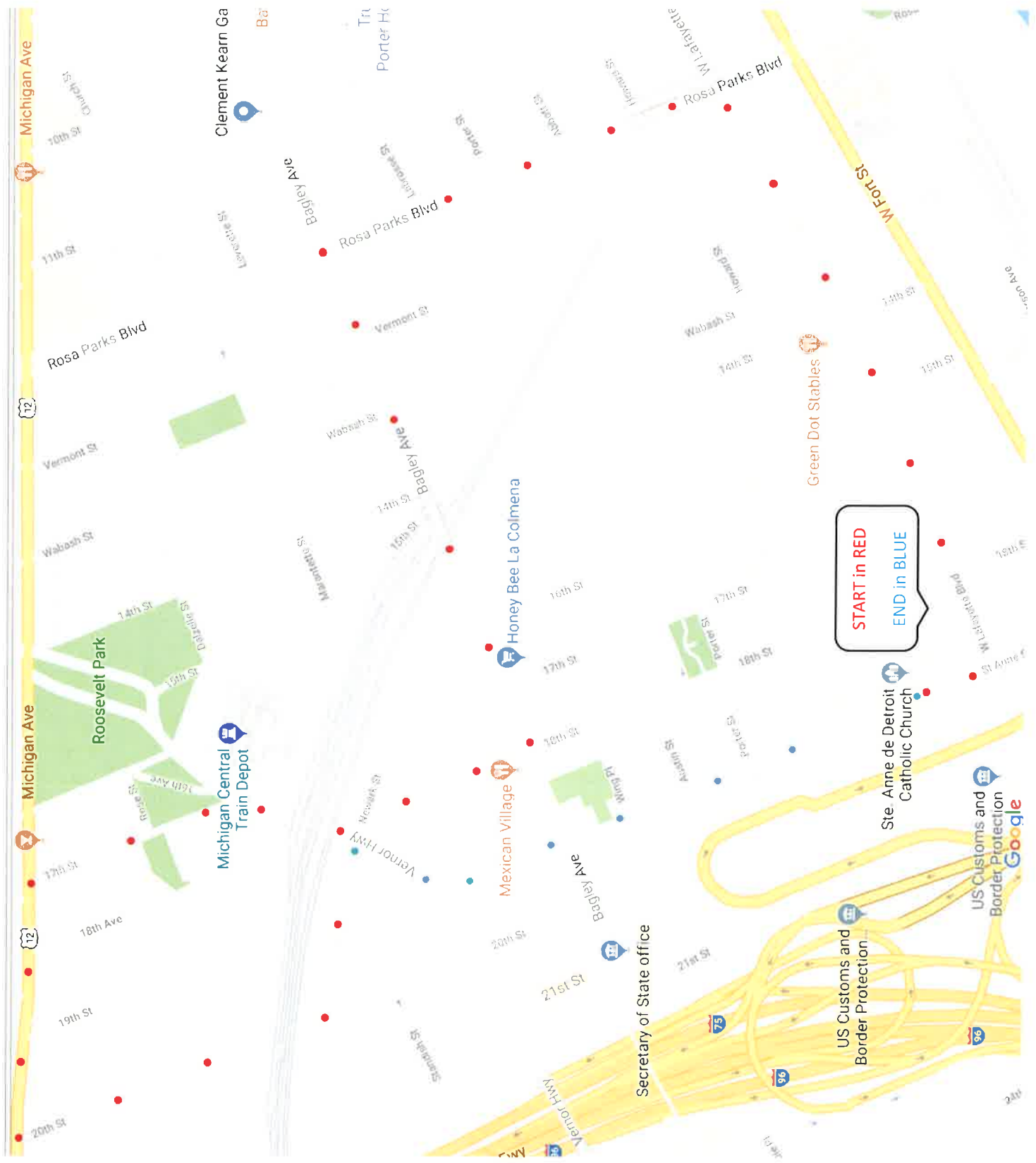
Volunteer can also park
on Howard St.



PROPOSED ROUTE FOR
RENDEZ-VOUS 5K

DATE OF 5K RUN:
SEPTEMBER 22, 2018

- 9:25 - 9:30 am ST ANNE SOUTH TO LAFAYETTE
- 9:30 - 9:40 am LAFAYETTE EAST TO ROSA PARKS
- 9:40 - 9:50 am ROSA PARKS NORTH TO BAGLEY
- 9:50 - 10:00 am BAGLEY WEST TO 18TH ST.
- 10:00 - 10:15 am 18TH ST NORTH TO VERNOR
- 10:05 - 10:20 am VERNOR EAST TO 17TH ST.
- 10:10 - 10:25 am 17TH STREET NORTH TO MICHIGAN AVE.
- 10:15 - 10:30 am MICHIGAN AVE. WEST TO 20TH ST.
- 10:20 - 10:40 am 20TH ST. SOUTH TO NEWARK
- 10:25 - 10:45 am NEWARK EAST TO VERNOR
- 10:30 - 10:55 am VERNOR WEST TO ST. ANNE
- 10:40 - 11:15 am ST ANNE SOUTH TO FINISH AT CHURCH PLAZA



Dennis Nido

dennisnido1@yahoo.com

Elizabeth Bourne

ebourne@comcast.net

2018-05-08

388

388 *Petition of Ste. Anne de Detroit
Catholic Parish, request to hold
"Second Annual Rensez-vous at Ste.
Anne de Detroit" at 1000 Ste. Anne
Street on September 22 and 23, 2018
beginning at 11:30 AM each day with
various street closures.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT MUNICIPAL PARKING
DEPARTMENT
TRANSPORTATION DEPARTMENT PLANNING AND
DEVELOPMENT DEPARTMENT
BUSINESS LICENSE CENTER FIRE DEPARTMENT

MO
2

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 421 Event Name: The Baroudeur

Event Date : August 18, 2018

Street Closure: Various

Organization Name: Wayne State University

Street Address: 656 West Kirby Suite 4000 Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input checked="" type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

4th Annual 20, 37, 62 and 100 mile bike ride at Wayne State University and surrounding streets from 7:00am - 7:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD & WSU Police Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; DPD Assisted Event
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 12 JUL 2018 PM 2:48

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (JA; RM) (Grant)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.11 13:25:13 -04'00'

Date: July 11, 2018

City of Detroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 25, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
MUNICIPAL PARKING DEPARTMENT BUSINESS LICENSE CENTER

421 *Wayne State University, request to hold "The Barodeur" along various public rights of way on August 18, 2018 with various street closures and set up beginning on 8-17-18 and tear down ending on 8-18-18.*



Office of the President

May 18, 2018

Bethanie Fisher
 Special Events Coordinator
 City of Detroit-Media Services
 2 Woodward Ave., Ste. 333
 Detroit, MI 48226

Dear Ms. Fisher:

I am writing on behalf of **Wayne State University (WSU)** for approval for rider participants to access public rights of way throughout the **City of Detroit** for the third annual **Baroudeur**, Saturday, August 18, 2018. With this in mind, I have attached a completed "City of Detroit Special Events Application" on behalf of WSU.

The Baroudeur, an initiative of Wayne State University **President M. Roy Wilson**, is a non-competitive activity that gives riders of all abilities a chance to explore the Detroit and surrounding area using pedal-power. More importantly, the event raises scholarship dollars to help students in financial need. The event, which showcases some of our area's most noteworthy locations, gives registrants a rider's-eye view of the striking transformation taking place in Detroit. In turn, we hope that our riders encourage others to explore Detroit's iconic treasures.

Baroudeur 2018 follows overwhelmingly successful events in 2015, 2016 and 2017. Nearly 1,000 riders toured metro Detroit along four courses during the inaugural event in 2015. Thanks to help from roughly 20 organizations and sponsors and nearly 300 volunteers, the rides in 2016 and 2017 ended without major incident or injury. We look forward to another successful and impactful event that nets positive results.

About the ride

Riders can choose from 20, 37, 62 and 100-mile distances to ride. The routes begin and end on Wayne State's main campus and will carry riders through parts of Detroit and 12 other communities. Riders along each course will enjoy a safe through Midtown, Downtown, Belle Isle, historic Woodward Avenue Palmer Park and other historic neighborhoods, gaining appreciation for Detroit's remarkable past, exciting present and promising future.

Event impact

Armed with lessons from the past three years, we expect that the Baroudeur's trek through Detroit will produce minimal disruption to traffic flow. Our experience with past events and our partnerships with law enforcement and regional governing bodies will aid us in reaching our goal of an incident-free ride for the 800-100 riders we anticipate. As in years past, no street closures are required for the routes, which will be marked by temporary signage.

Rider responsibility

In making these plans, we emphasize to riders that they will share roads with other vehicles and that they are subject to all traffic laws governing public roads, including stop signs, stoplights and proper lane usage. For your reference, I have attached maps of the three routes.

Public safety

Though our riders will assume the risks associated with bicycling, we are placing rider safety among our highest priorities. With this in mind, we have worked closely with the **Detroit Police Department (DPD)** and the **Wayne State University Police Department (WSUPD)** to develop and implement safety measures for each of the proposed routes. The safety plan for the **Baroudeur** is based on DPD's and WSUPD's previous experiences with this and similar cycling events. Wayne State will enlist assistance from various other law enforcement agencies along the planned routes.

First aid and emergency medical support

Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport. Hart will refine and implement a plan that follows closely the successful strategies used for the past three years. Our goal is to deliver a secure finish for every rider.

Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes. With over three decades of experience, Hart services venues and events including amphitheatres, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, performing arts centers, sporting events, trade shows and other events. Hart is an authorized city of Detroit 911 provider.

Other

We hope that this letter, the supporting documentation and your experience with our working group gives you and the Special Event Management Team the confidence you need to grant the Baroudeur your enthusiastic endorsement. On behalf of Wayne State, I want you to know that we look forward to collegial and productive efforts with each of our working partners – including the City of Detroit.

In closing, we invite you, your colleagues and your neighbors to participate in the event, which offers riders refreshments along the route, a limited edition Baroudeur t-shirt and admission to a festive post-ride lunch on Wayne State's campus. For details about event registration, please visit baroudeur.wayne.edu. If you need additional information regarding our permit application, you can reach me by e-mail at michael.hicks@wayne.edu or directly by phone at (313) 577-0403.

Sincerely,



Michael Hicks
Project Manager
The Baroudeur

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: The Baroudeur

Event Location: City of Detroit (along various public rights of way)

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Wayne State University Office of the President

Organization Mailing Address: 656 West Kirby, Suite 4000, Detroit, MI 48201

Business Phone:

Business Fax:

Federal Tax ID #: 38-6028429, Tax Exempt ID – 38-78-0203K

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Michael Hicks

Title/Role: Project Manager/Event Specialist

Email Address: michael.hicks@wayne.edu

Mailing Address: 1800 A/AB, 5700 Cass Avenue, Detroit, MI, 48201

Business Phone: (313) 577-0403

Business Fax: (313) 577-3128

Event On-Site Contact Person: Michael Hicks

Mailing Address: Suite 1800, Academic Administrative Building, 5700 Cass Avenue, Detroit, MI 48202

Business Phone: (313) 577-0403

Business Fax: (313) 577-3128

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

- Michael Hicks, Project Manager/Event Specialist, Wayne State University, (313) 577-0403
- Matt Lockwood, Director of Communications, Wayne State University, (313) 577-9098
- Rob MacGregor, Senior Director of Philanthropy, Wayne Law, (313) 577-4141

List Event Sponsors: 2018 sponsors (cash and in-kind) Lead Sponsor – Huntington; Gold Sponsors - Aquafina, Detroit Free Press, Detroit Medical Center, Fidelity Investments, Plante Moran, WSU Dining Services; Green Sponsors – Al Petri and Sons; American Cycle and Fitness, Children's Hospital Foundation, Corrigan Moving Systems, Detroit Disposal and Recycling, Downtown Detroit Bike Shop, Hart EMS, Henry Ford Health Systems, Ilitch Holdings, Inc., KIND Healthy Snacks, Metropolis, Motorless City Bicycle Company, New Holland Brewing, Tony V's, Upshift Mobile Bicycle Repair, Velofix Mobile Bike Shop, Whole Foods Market.

Event Elements (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input checked="" type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Post-ride lunch on WSU campus</u> |

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: August 17, 2018 Complete Set-up Date & Time: August 18, 2018

Event Start Date & Time: August 18, 2018 Event End Date & Time: August 18, 2018

Begin Tearing Down Date: August 18, 2018 Complete Tear Down Date: August 18, 2018

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? Yes No

If no, what years has the event been held in Detroit? 2015, 2016, 2017

When was the event last held in Detroit? August 19, 2017

Where was the event last held in Detroit? Various areas along cycling route

What were the hours last year? 7 a.m. – 2 p.m.

Project Attendance This Year (Minimum – Maximum)? 800-1000

What is the basis for your projected attendance? Estimates based on historical attendance figures and tracking of current attendance patterns.

Please describe your anticipated/ target audience: The Baroudeur expects to attract 1,500 – 2,000 riders from a range cycling abilities from across Metro Detroit and beyond. All participants must be 18 years of age or older on ride day.

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year? Saturday, August 17, 2019

If a parade is planned. Indicate elements (check all that apply): NO PARADE

People Balloons

Floats Animals

Vehicles Other:

Bands

If animals included, specify type, number and how used. NO ANIMALS TO BE USED

Name of business supplying animal(s): N/A

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/Zip: N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|---|---|
| <ul style="list-style-type: none"> - Public entrance and exit - Location of merchandising booths - Location of food booths - Location of garbage receptacles - Location of beverage booths - Location of sound stages - Location of hand washing sinks - Location of portable restrooms | <ul style="list-style-type: none"> - Location of First Aid - Location of fire lane - Proposed route for walk/run - Location of tents and canopies - Sketch of street closure - Location of bleachers - Location of press area - Sketch of proposed light pole banners |
|---|---|

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input checked="" type="checkbox"/> Other: Recorded music on WSU campus. |

Describe the entertainment for this year's event: All entertainment to be presented on Wayne State's main campus.

List proposed entertainers and/or bands performing at the event: N/A

Will a sound system be used? Yes No

If yes, what type of sound system? No sound system to be employed outside of Wayne State's main campus.

<input type="checkbox"/> Acoustic-audible, sound heard within natural range	
<input checked="" type="checkbox"/> Amplified-augmented, sound increased to broaden range the amplified sound will be used: (RECORDED MUSIC AND ANNOUNCEMENTS ONLY ON WSU CAMPUS)	
Will the event consist of a musical concert? <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, what type of music? (check all that apply)	

- Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

How many generators will be used? N/A

How will the generators be fueled? N/A

Name of vendor providing generators: NONE

Contact Person: N/A

Address: N/A

Phone: N/A

City/State/ZIP: N/A

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

Radio (Specify stations): *WWJ, WJR, WDET, WCHB, WJRW, CKLW*

Television (Specific stations): *WDIV, WJBK*

Newspapers (specify papers): *DETROIT FREE PRESS, CRAIN'S DETROIT BUSINESS*

Web site (identify web address): *baroudeur.wayne.edu*

Public Relations or Marketing Firm (Specify): *NONE*

Contact Info:

Raffle (List Item(s)): *NO RAFFLE PLANNED*

Billboards: *NO ADVERTISING BILLBOARDS PLANNED*

Flyers: *Event flyers and posters to be produced by WSU Marketing and Publications*

Street Banners

Other (specify): *E-mail campaign targeting WSU constituents. Other university sponsored social media tools will be used.*

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: *Registration available advance at baroudeur.wayne.edu.*

Pricing: \$60, base price through June 19; \$70, June 20 – July 19; \$80, July 20 – August 14. Registration closes at 11:59 p.m. on Aug. 15.

Will there be on-site ticket sales? Yes No

If yes, list price(s): *N/A*

Will food be sold? Yes No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? Yes No

If yes, describe: *N/A*

Will a percentage of the proceeds be distributed to a charitable organization? Yes No

If yes, describe: All net proceeds support student scholarships at WSU. One dollar of each entry supports the League of Michigan Bicyclists.

If the event is a fundraiser, identify charity or recipient of funds: *Wayne State University, League of Michigan Bicyclists*

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Other (specify):

Indicate type of items to be sold: *N/A*

Will these be exclusive vendors or outside vendors? (please describe): *N/A*

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of ~~Private Security~~-Police Department: Detroit Police Department (DPD), Wayne State University Police Department (WSUPD)

Contact Person: Anthony Holt, WSUPD

Address: 6050 Cass Avenue

Phone: _____

City/State/Zip: Detroit, MI 48202

Number of Police Department Personnel ~~Hired~~ Per Shift: _____

Number of officers dispatched at the discretion of WSUPD chief. _____

Are the ~~private security~~-police personnel (check all that apply):

[X] Licensed

[X] Armed

[X] Bonded

Describe the emergency evacuation plan: _____

Describe the parking plan to accommodate anticipated attendance: All participant parking arranged at WSU Parking Structure 5

How will you advise attendees of parking options? Attendees advised of parking arrangements during online registration and confirmation.

Are you seeking a group parking rate? NO GROUP PARKING. NO CITY STREET PARKING.

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Intermittent disruption of normal traffic flow. Interruption mitigated by traffic management through Detroit and WSU police departments.

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: Various communities will be notified of our event via US Mail

Correspondence to affected neighborhood groups and community organizations. _____

Indicate contact names and phone numbers (for verification) or attach approved letter(s): N/A

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 4 (Belle Isle, USCIS)

Size/Height 10' x 10'

Booth N/A

Tent (enclosed on 3 sides) N/A

Canopy (open on all sides) X

Staging/Scaffolding N/A

(No structures larger than 10' x 10' to be used.)

Bleachers

NONE

Company: N/A

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms: (All portable restrooms to be supplied by Parkway Services)

Standard

ADA Accessible

Vehicles: To be determined.

Type/Weight: To be determined.

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

NO ELECTRICAL WIRING TO BE INSTALLED.

Will additional utility services be used (power, water, etc.)? Please describe.

NO UTILITY SERVICES TO BE USED.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

NO FIREWORKS DISPLAY TO BE USED.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage? WSU Grounds and Custodial Services

Contact Person: David Houle, Director, Custodial Services

Address: 5454 Cass Avenue

Phone: (313) 577-4840

City/State/Zip: Detroit, MI 48202

Name of company providing emergency medical services? Hart Medical EMS

Contact Person: Adam Gottlieb, CEO, Hart Medical EMS

Address: 1636 W. Fort Street

City/State/Zip: Detroit, MI 48216

Name of company providing porta-johns. Parkway Services

Contact Person: Sara Thomas

Address: 2876 Tyler Road

Phone: (734) 482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? N/A

Contact Person: N/A

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

NO STREET CLOSURES REQUESTED.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____

TO _____

Closure Dates: _____

Beg. Time: _____

End Time: _____

Reopen Date: _____

Time: _____

Route maps attached.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

Please see attached letter of explanation.

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

May 18, 2018

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



2018 RIDE SNAPSHOT

The Baroudeur is a fun, noncompetitive cycling event that gives riders of varying abilities an opportunity to explore Detroit and its surrounding areas on two wheels while helping economically disadvantaged students pursue higher education.

Event date

Saturday, August 18, 2018

Ridership

Roughly 1,000 riders expected for 2018.

Cost of participation

The base registration fee is \$50, through June 18; \$60, June 19 – July 20; \$70, July 19 – August 15. Registration closes at midnight on August 15.

Ride groups

Four ride choices will be offered for 2018: 20 miles, 37 miles, 62 miles (*Metric Century*), 100 miles (*Century*).

Ride schedule

Ride groups will depart Wayne State's main campus along the following schedule:

Ride start	Ride group	2018 projection*
7 a.m.	100-mile group	150
8:30 a.m.	62-mile group	165
8:30 a.m.	37-mile group	160
10 a.m.	20-mile group	325

*Projection based on 800 riders

Routes

The routes will remain largely unchanged from 2017, with the three routes passing through Midtown, Downtown, Belle Isle, four of the five Grosse Pointes, Palmer Park, several Downriver communities and Grosse Ile.

Rest stations

Five official rest and refreshment stations will be established along the Baroudeur routes. The rest stations will offer an assortment of liquid refreshments and high-carbohydrate snacks. All food and drink items will be prepackaged or self-service.



Rest stations also will be equipped with portable restrooms, 10' X 10' canopy tents, tables, chairs and sanitation supplies. Medical volunteers also will be at each rest station.

- Stop 1: Belle Isle, Riverbank Drive, 9.5 miles, Detroit
- Stop 2: USCIS Office, Jefferson at St. Jean, 30 miles, Detroit
- Stop 3: Twelfth Precinct, Detroit Police Department, 45 miles, Detroit
- Stop 4: The Guidance Center, 62 miles, Lincoln Park
- Stop 5: Macomb Commons, 75 miles, Grosse Ile

Traffic management

Working jointly, the Wayne State University Police Department (WSUPD) and Detroit Police Department (DPD) will develop and implement traffic control and safety measures that may include rolling enclosures and other rider safety tactics at traffic intersections and as otherwise needed.

Emergency medical support

Three emergency medical vehicles will be stationed along the course at strategic locations and designated for exclusive service to the Baroudeur. The dedicated vehicles will provide direct medical support to event participants; where necessary, the emergency medical service provider will coordinate additional emergency medical support as needed.

Rider support

The Baroudeur will provide four roving support-and-gear (SAG) vehicles assigned to specific sections of the routes. Roving medical support will accompany SAG vehicles to detect and remedy minor injuries and instances of rider distress.

A system of course signage, road markings and volunteer presence to give riders course directions, enhance rider safety and improve course visibility. In addition, a network of event volunteers and route marshals will be led by five volunteer-captains. Among various other duties, the volunteers and captains will play a prominent role in ensuring rider safety, with particular regard to injured or otherwise distressed riders, potentially hazard road and traffic conditions.

Affected communities

The Baroudeur is enjoyed along a unique urban course that originates on Wayne State's main campus and to features some of the Detroit area's most distinguished historic and scenic attractions in several area communities.

- Detroit
- Belle Isle
- Ecorse
- Grosse Ile
- Grosse Pointe Park
- Grosse Pointe
- Grosse Pointe Farms
- Grosse Pointe Shores
- Highland Park
- Lincoln Park
- Riverview
- Trenton
- Wyandotte





2018 TRAFFIC MANAGEMENT AND RIDER SAFETY SUMMARY

A. Public safety

Overall Public Safety efforts are coordinated by the Wayne State University Police Department (WSUPD), with significant collaboration with the Detroit Police Department (DPD) to ensure that The Baroudeur is free of significant traffic and other incidents. WSUPD will mobilize a significant portion of its available manpower to support the event. DPD will activate manpower as needed, per the scale and scope of the event. Other agencies, such as the Wayne County Sheriff's Department and the Michigan State Police will provide ancillary services as requested by WSUPD.

Police and Public Safety departments in host communities outside the City of Detroit will dispatch manpower as deemed necessary by each individual law enforcement agency.

B. Traffic and safety

- 1. Assumption of risk:** The Baroudeur will be conducted over public roads and other facilities that are open to the public during the activity and upon which the hazards of traveling are to be expected. By signed, written waiver mandatory for participation in the event, riders agree to follow all applicable rules of the road for cyclists and acknowledge the inherent dangers and risks associated with bicycling. As such, each rider assumes responsibility for such dangers and risks.
- 2. Rolling traffic enclosures:** WSUPD and DPD will implement intermittent traffic controls along the route by way of rolling enclosure for riders in the 25, 62 and 10-mile rides. The enclosures will allow the ride to move along the course while minimizing disruption to the traveling public. Where ride groups are diffused widely, WSUPD and DPD will make on-road adjustments to traffic control methods.
- 3. Enclosure elements:** Each of the three rolling enclosures will include at least two escort vehicles, traveling at an appropriate distance in front of and behind the pelotons. The lead escort vehicle shall stay in front of the lead rider in the race, while the follow escort vehicle shall remain behind the main peloton. Riders who travel ahead of the lead escort vehicle or drop behind the follow escort vehicle shall obey all applicable rules of the road for cyclists and assume all risks of participation. Rolling enclosures may integrate additional escort vehicles and stationed officers as made necessary by rider volume and anticipated traffic conditions.



4. **Additional elements:** WSUPD will assign a total of twelve officers from its Bicycle Patrol Unit (BPU) to the four ride distances. Generally, members of the BPU will be available to aid in heightening awareness of Michigan bicycle laws, contribute to the overall safety and security of event participants and to provide other police functions where appropriate and necessary. Final placement and function of said officers will be at the discretion of WSUPD, commensurate with ride conditions. In addition, WSUPD will assign to the ride members of its Motorcycle Patrol Unit, who may operate in support of rolling enclosures as needed.

C. Emergency medical support

1. **Provider:** Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport along the route. Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes in our region. With over three decades of experience, Hart services venues and events including amphitheaters, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, parties, performing arts centers, sporting events, trade shows, and weddings. Hart provides ambulance service on a regular basis, and is an authorized city of Detroit 911 provider.
2. Through a network of partnerships and alliances, the vendor of choice will provide direct emergency medical support and coordinate additional emergency medical services. As appropriate, the vendor also will manage and coordinate rider transportation to medical care facilities, either directly or through its partnerships. The vendor will dedicate three emergency vehicles for exclusive service to The Baroudeur:
 - Ambulance #1
 - Stationed at Start/Finish line on WSU main campus
 - Coverage area: south to downtown area; northern portion of route Palmer Park; Southwest Detroit if needed.
 - Ambulance #2
 - Stationed along Jefferson Ave. near Burns St.
 - Coverage area: Belle Isle and northeast stretch of route into the Grosse Pointes.
 - Ambulance #3
 - Stationed along Biddle Ave. near Eureka Rd. (Wyandotte)
 - Coverage area: from Southwest Detroit portion of route to Grosse Ile.



D. First-aid

1. **Nature of support:** Roughly 20 medical volunteers will be recruited and mobilized for the event. First-aid volunteers will be stationed at the Start/Finish lines, and at each of the five designated rest areas. First-aid volunteers also will accompany SAG vehicles to provide roaming medical support along the routes.
2. **Roles and responsibilities:** Medical volunteers will provide first aid services for such ailments as minor cuts, scrapes and bruises. Medical volunteers also will monitor riders for signs of physical distress, evaluate participants' needs for escalating care, and contact the UCP to mobilize available resources.
3. **Qualifications:** First-aid volunteers shall be qualified as licensed practitioners in a recognized medical field or be actively receiving for such medial training. Where volunteers are medical or nursing students, their activities shall be supervised by a licensed practitioner.

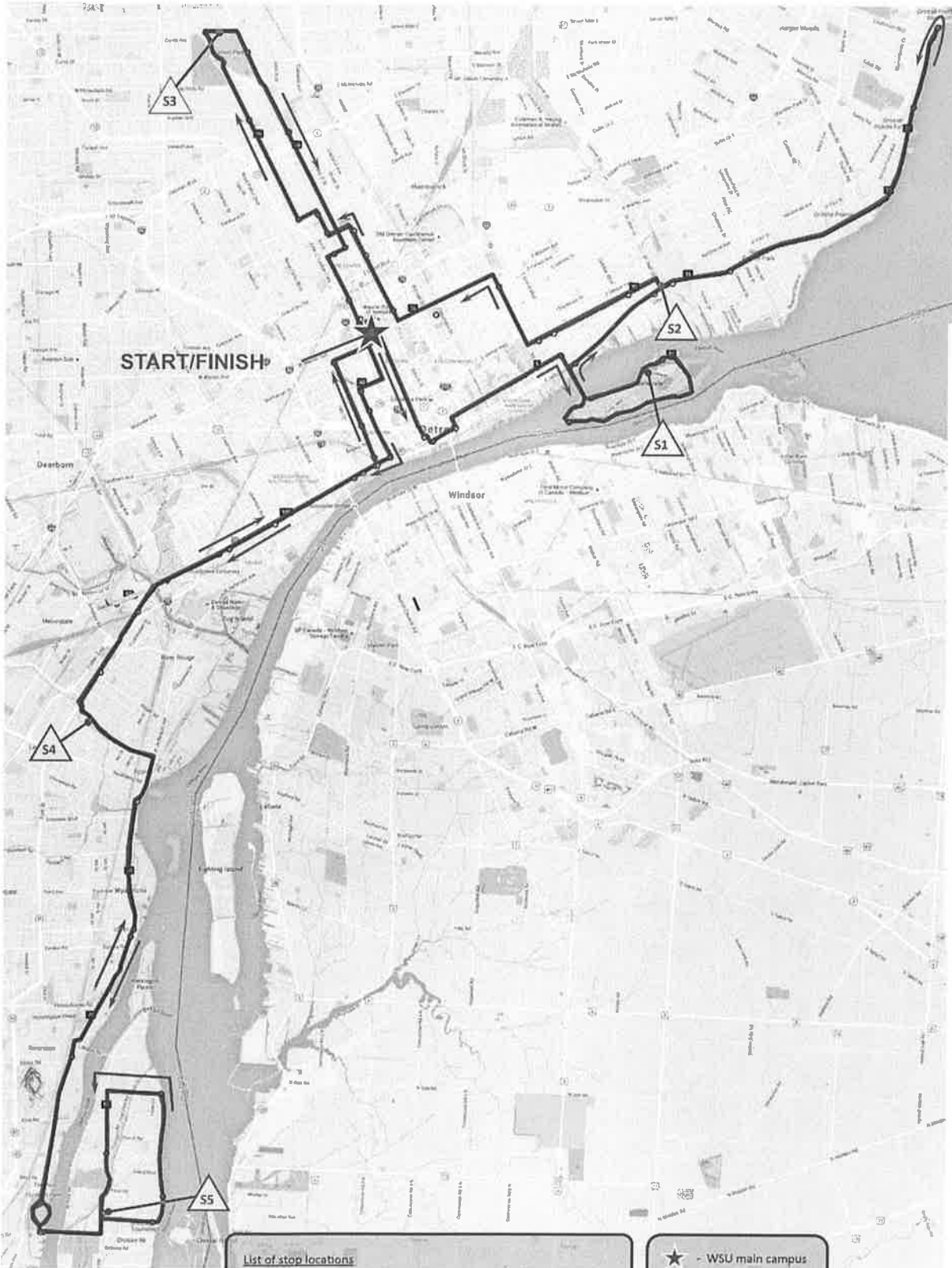
E. Command and control (Communications)

1. **Safety Command Center (SCC):** Overall command and control will be under the purview of WSUPD and stationed in WSUPD headquarters at 6050 Cass Ave, Detroit, MI 48202 on WSU's main campus. SCC's internal, event-related communications will take place via 800 MHz radio frequency arranged through the Michigan Public Safety Communication System (MPSCS). WSUPD will coordinate communications with other providers of public safety services, including EMS services and police departments and the on-campus Event Communications Post (ECP).
 - a. The SCC will receive reports of incidents directly from riders, event officials or event volunteers via the WSUPD emergency phone number, (313) 577-2222.
 - b. The SCC will review the facts of any reported incidents or situations to determine if additional response or actions are appropriate.
 - c. The SCC will mobilize emergency response resources as appropriate, and monitor the status of response activities.
 - d. The SCC may also receive and route requests for disabled bicycles and other support and gear issues.
2. **Event Communications Post:** The ECP will serve as the communication hub for various non-emergency event functions.
 - a. Volunteer management
 - b. Support and gear
 - c. Rest station usage and supplies
 - d. Rider progress
 - e. First-aid response
 - f. Various other special event operations



- 3. Other ECP functions:** In addition, the ECP will transmit information to the SCC and emergency medical dispatch as appropriate. The ECP will operate using digital two-way radio devices supported by the MOTOTRBO communications network. The network will provide communications capabilities between any two points along the four routes. Communications regarding varied functions will be performed on channels assigned specifically to each function.





List of stop locations

- S1 — Belle Isle, Riverbank Drive, 9.5 miles
- S2 — USCIS Office, Jefferson at St. Jean, 29.3 miles
- S3 — Detroit Police Department, 12th Precinct Parking Lot, 42.4 miles
- S4 — The Guidance Center, Lincoln Park, 59.1, 88.6 miles
- S5 — Grosse Ile, 70.5 miles

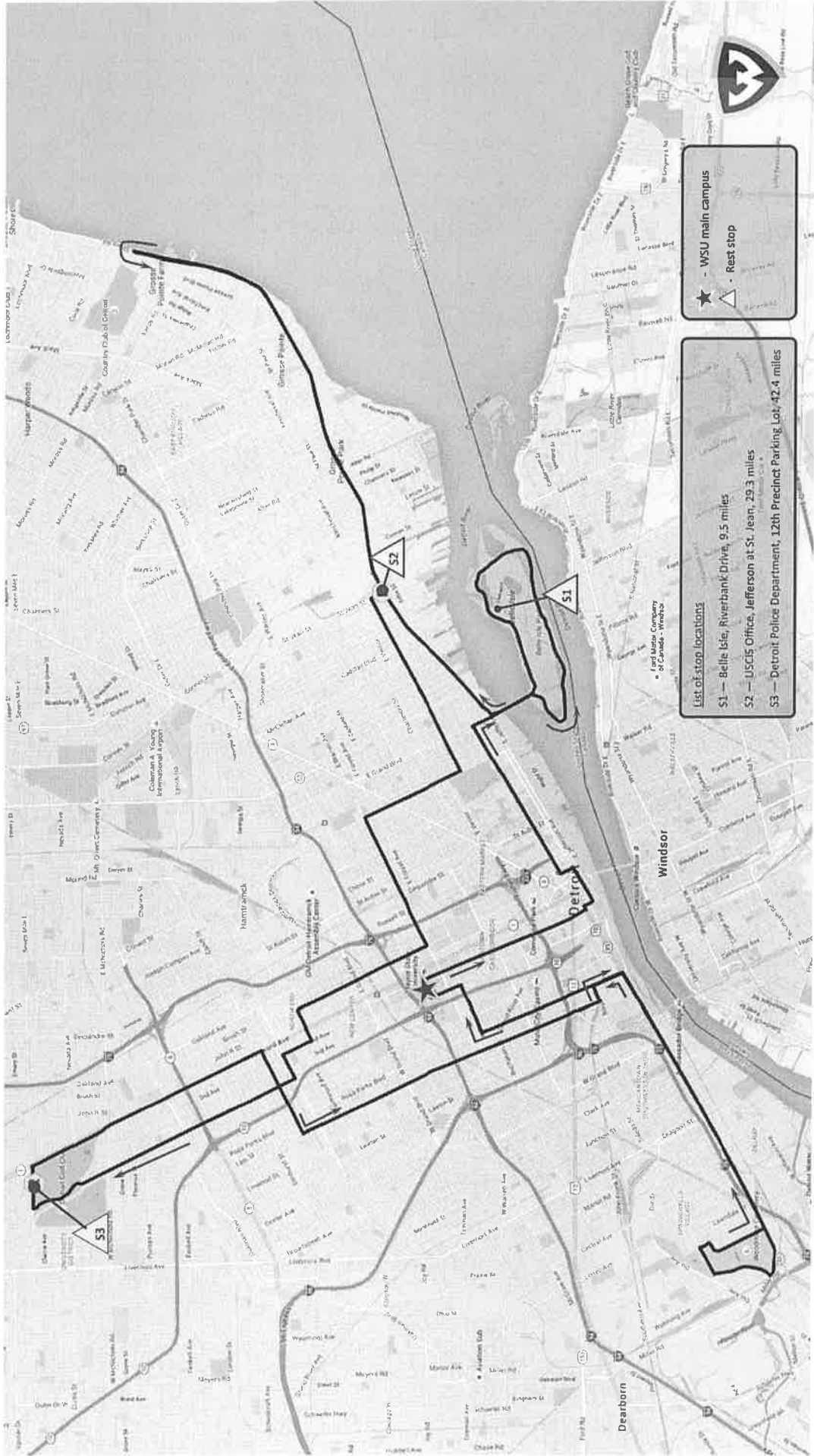
★ - WSU main campus

△ - Rest stop



2018 BAROUDEUR
WAYNE STATE UNIVERSITY

62 MILE ROUTE



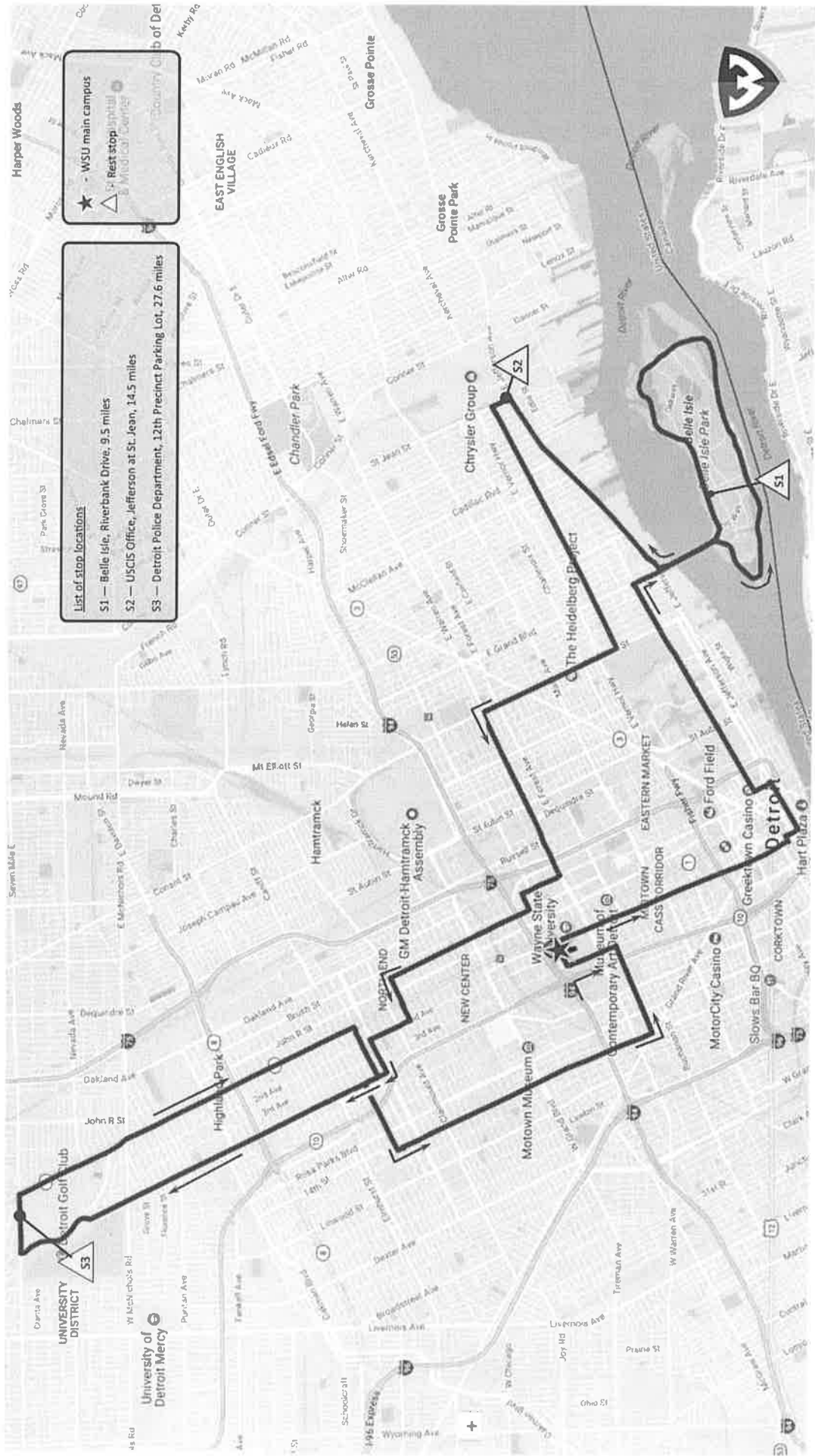
★ - WSU main campus
△ - Rest stop

LIST OF STOP LOCATIONS
 S1 — Belle Isle, Riverbank Drive, 9.5 miles
 S2 — USCIS Office, Jefferson at St. Jean, 29.3 miles
 S3 — Detroit Police Department, 12th Precinct Parking Lot, 42.4 miles



**2018 BAROUEUR
WAYNE STATE UNIVERSITY**

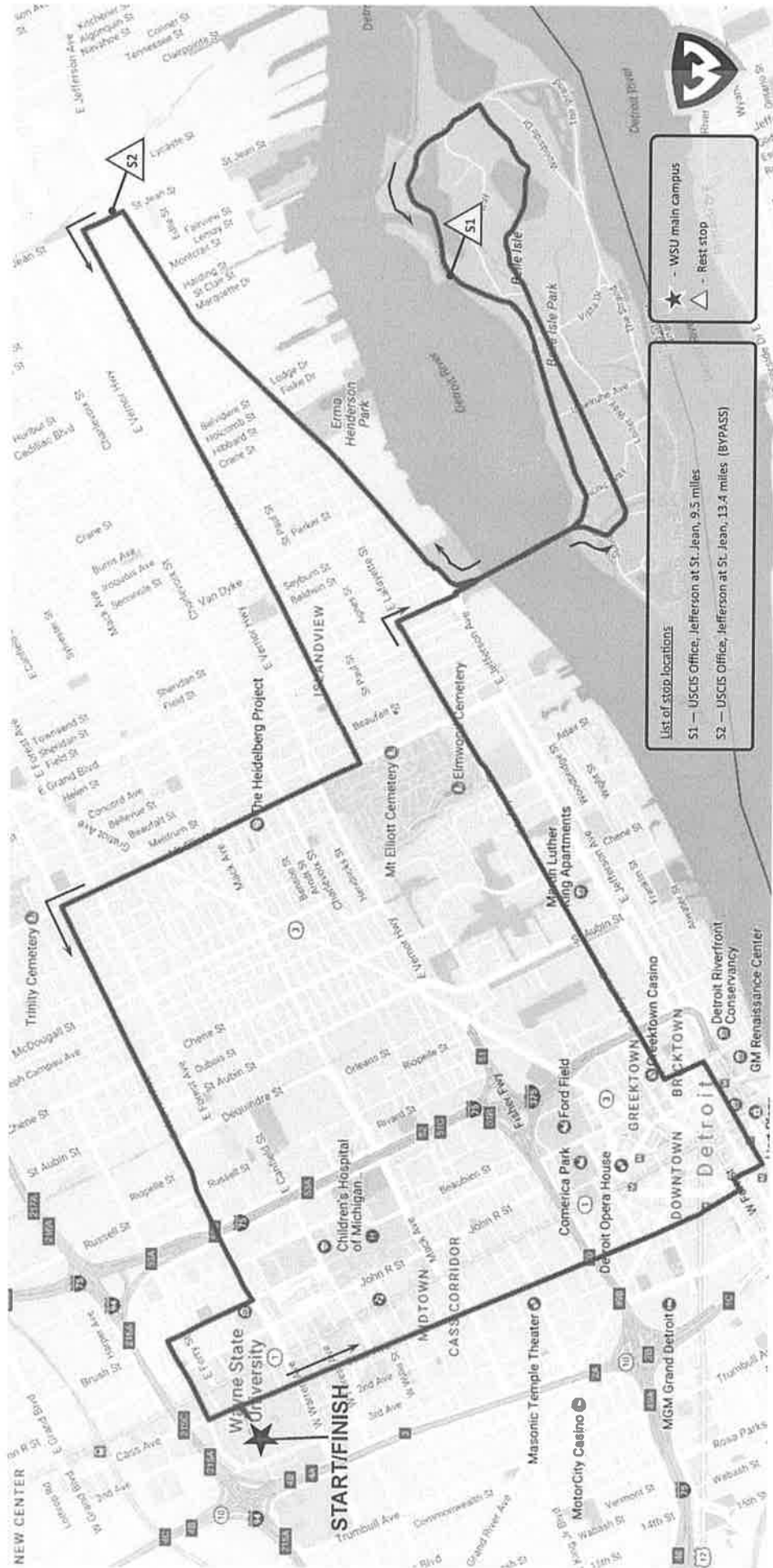
37 MILE ROUTE





**2017 BAROUDEUR
WAYNE STATE UNIVERSITY**

20 MILE ROUTE



**2018 BAROUDEUR
100-MILE CUE SHEET**

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional for 100 mile
Continue on MacArthur Bridge	11.8	
Proceed on East Jefferson Avenue name changes to Lake Shore Road 10.1 miles	11.8	
Left: U-TURN onto Lake Shore Road	21.9	Turnaround in Grosse Pointe Shores. After Fontana Lane.
Proceed onto Lake Shore Road name changes to Jefferson 7.4 miles	21.9	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214)	29.3	US Citizenship and Immigration
Right onto St. Jean	29.3	
Left on Kercheval Street 2.5 miles	29.5	
Right on Mount Elliott Street .9 miles	32	
Left on East Warren Avenue 1.8 miles	33.4	
Right on Saint Antoine	35.1	
Left on East Palmer	35.5	
Right on Brush Street 1.5 miles	35.7	
Left onto Holbrook/Hazelwood across Woodward	37.1	
Right onto 2nd Avenue	37.5	
Left onto West Chicago Boulevard	38	
Right onto Hamilton Avenue which becomes Ponchartrain 3.8 miles	38.3	
Right onto West 7 Mile Road	42.1	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	42.4	Detroit Police Dept., 12th Precinct
Right onto Woodward Avenue 3.3 miles	42.6	
Right onto Calvert Street 1.2 miles	45.9	
Left on 14th Street 4.2 miles	47.1	
Left onto Bagley Street	51.3	
Right onto Rosa Parks Boulevard	51.5	
Right onto Fort Street West 6.8 miles	51.9	
Left onto West Outer Drive - Use caution on the left turn as you cross traffic.	58.7	
Rest Station 4 (26300 W Outer Dr, Lincoln Pk., MI 48146)	59.1	The Guidance Center, Lincoln Park
Continue on W. Outer Drive 1.3 miles	59.1	
Right onto West Jefferson/Biddle Avenue 8 miles	60.4	
Continue on Elizabeth Drive into Elizabeth Park	68.4	
Right into Marina back gate	69.2	

Left onto Grosse Ile Parkway over bridge	69.3	
Continue on Wayne County Bridge	69.4	
Continue on Grosse Ile Parkway	69.7	
Left onto Meridian Road	70.4	
Rest Station 5 (24345 Meridian Rd, Grosse Ile, MI 48138)	70.5	Macomb Commons, Grosse Ile.
Right onto Macomb Street	70.6	
Left onto East River Road 2.3 miles	71.6	
Continue on Horse Mill Road 1 mile	73.9	
Left onto Meridian Road 2.6 miles	74.9	
Right onto Grosse Ile Parkway across the Bridge 1 mile	77.5	
Right into marina and into Elizabeth Park	78.6	
Continue on Elizabeth Drive	79.3	
Continue on West Jefferson/Biddle Avenue 8 miles	79.4	
Left onto West Outer Drive	87.4	
Rest Station 4 (26300 W Outer Dr, Lincoln Pk., MI 48146)	88.6	The Guidance Center, Lincoln Park
Right on Fort Street South 7.2 miles	89	
Left onto Trumbull St.	96.2	
Left on Howard St.	96.4	
Right onto Rosa Parks Boulevard 1.9 miles	96.6	
Right onto West Forest Avenue .7 miles	98.5	
Left onto Anthony Wayne Drive	99.1	
Right onto Ferry Mall	99.6	
Right onto Gullen Mall	99.7	
Arrive at Finish	99.8	

**2018 BAROUDEUR
62-MILE CUE SHEET**

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional for 62 mile
Continue on MacArthur Bridge	11.8	
Proceed on East Jefferson Avenue name changes to Lake Shore Road 8.6 miles	11.8	
Left: U-TURN onto Lake Shore Road	20.4	Turnaround in Grosse Pointe Farms. Just after Windemere Place and before Provencal
Proceed on Lake Shore Road name changes back to Jefferson 6 miles	20.4	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214)	29.3	US Citizenship and Immigration
Right onto Saint Jean Avenue	26.4	
Left onto Kercheval Street 2.5 miles	26.6	
Right onto Mount Elliott Street .9 miles	29.1	
Left onto E. Warren Avenue	30.5	
Continue on East Warren Avenue 1.7 miles	30.5	
Right on Saint Antoine	32.2	
Left on East Palmer	32.6	
Right onto Brush Street 1.5 miles	32.8	
Left onto Holbrook/Hazelwood across Woodward	34.3	
Right onto 2nd Avenue	34.6	
Left onto West Chicago Boulevard	35	
Right onto Hamilton Avenue which becomes Ponchartrain 3.8 miles	35.3	
Right onto West 7 Mile Road	39.1	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	42.4	Detroit Police Dept., 12th Precinct
Right onto Woodward Avenue 3.3 miles	39.7	
Right onto Calvert Street 1.2 miles	43	
Left onto 14th Street 4.2 miles	44.2	
Left onto Bagley Street	48.4	
Right onto Rosa Parks Boulevard	48.6	
Right onto Fort Street West 3.7 miles	49	
Right onto Dearborn Street abutting Woodmere Cemetery	52.8	
Right on Riverside Drive	52.8	
Proceed onto Woodmere Street	53.6	
Right onto West Vernor Highway	53.7	
Right on Woodmere Street keep cemetery on right 1.1 miles	54.1	
Left onto Fort Street West 4.5 miles	55.2	
Left on Trumbull Street	59.7	
Left on Howard Street	59.8	
Right onto Rosa Parks Boulevard 1.7 miles	60.1	
Right onto West Forest Avenue	61.9	

Left onto Anthony Wayne Drive .5 miles	62.6	
Right onto Ferry Mall	63.1	
Right onto Gullen Mall	63.2	
Arrive at Finish	63.3	

**2018 Baroudeur
37-MILE CUE SHEET**

DISTANCE (miles)

0

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional
Continue on MacArthur Bridge	11.8	
Veer right onto East Jefferson Ave.	11.8	
Left onto St. Jean (Connor Creek Gateway)	14.5	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214)	14.5	US Citizenship and Immigration
Continue on St. Jean (Connor Creek Gateway)	14.5	
Left onto Kercheval Street	14.7	
Proceed onto Kercheval Street 1.8 miles	16.5	
Right onto Mount Elliott Street	17.2	
Left onto East Warren Avenue	18.6	
Right onto Saint Antoine Street	20.2	
Left onto East Palmer Avenue	20.6	
Right onto Brush Street	20.8	
Left onto Holbrook Street	22.3	
Veer left onto Hazelwood Street	22.5	
Right onto 2nd Avenue	22.7	
Left onto West Chicago Boulevard	23.1	
Right onto Hamilton Avenue	23.4	
Proceed onto Hamilton Avenue. Name changes to Pontchartrain.	25.6	
Right onto West 7 Mile Road	27.2	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	27.6	Detroit Police Dept., 12th Precinct
Right onto Woodward Avenue	27.8	
Right onto West Boston Boulevard	31.2	
Right onto Hamilton Avenue	31.7	
Left onto Calvert Street	31.9	
Proceed onto Calvert Street	32.0	
Left onto 14th Street for 2.7 miles	32.5	
Left onto West Forest Avenue	35.2	
Left onto Anthony Wayne Drive (Third Ave.) for 0.5 miles.	36.1	
Right onto Ferry Mall (W. Ferry Ave.)	36.6	
Right onto Gullen Mall	36.7	
Arrive at Finish	36.8	

**2018 BAROUDEUR
20-MILE CUE SHEET**

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue	0.1	
Proceed on Cass Avenue 2.3 miles	2.3	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on Sunset Drive	6.3	
Continue on Casino Way	6.5	
Continue on Central Way 1.9 miles	6.6	
Left onto Lakeside Street	8.5	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle
Continue on MacArthur Bridge	10.7	
Continue on East Jefferson Avenue 2 miles	11.4	
Proceed onto East Jefferson Avenue	13.4	
Left onto St. Jean Ave.	13.4	
Left onto Kercheval Street	13.6	
Proceed on Kercheval Street 2.1 miles	14	
Right onto Mount Elliott Street	16.1	
Proceed on Mount Elliott Street .9 miles	16.1	
Left onto E. Warren Avenue	17.5	
Continue on East Warren Avenue 1.8 miles	17.5	
Right on Saint Antoine	19.1	
Left onto East Palmer Avenue	19.5	
Left onto Cass Avenue	20.1	
Right onto Kirby Mall	20.2	
Left onto Gullen Mall	20.3	
Arrive at Finish	20.4	

Internal Revenue Service
Director, Exempt Organizations
Rulings and Agreements
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

OFFICE
11 MAR -3 AM '39

Date: FEB 17 2011

Wayne State University
C/O John L Davis
5700 Cass Avenue
Suite 4900
Detroit, MI 48202

Employer Identification Number
38-6028429
Person to Contact - ID#:
Ginger Jones - 203152
Toll Free Contact Number:
(877) 829-5500

RECEIVED
FISCAL OPERATIONS
2011 MAR -4 A 10:43

Dear Sir or Madam:

This is in response to your December 7, 2010 request to be exempt from Form 990 filing requirements.

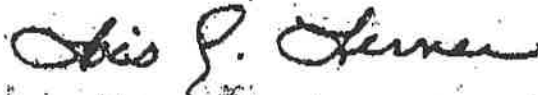
Based on the information provided, we have determined that you meet the requirements for classification as an affiliate of a governmental unit, as described in Revenue Procedure 95-48, I.R.B. 1995-47, 13., (Nov. 20, 1995). Therefore, we will update our records to show you are not required to file Form 990.

Since your exempt status and foundation status were not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code and classified as a public charity under section(s) 509(a)(1) and 170(b)(1)(A)(ii) of the Code.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

If you have any questions, please call our toll free number shown in the heading of this letter.

Sincerely,



Lois Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

2018-06-25

421

421 *Petition of Wayne State University, request to hold "The Barodeur" along various public rights of way on August 18, 2018 with various street closures and set up beginning on 8-17-18 and tear down ending on 8-18-18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
- DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
- FIRE DEPARTMENT TRANSPORTATION DEPARTMENT
- MUNICIPAL PARKING DEPARTMENT BUSINESS

MO
3

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 423 Event Name: SHAR Recovery Walk

Event Date: September 14, 2018

Street Closure: None

Organization Name: SHAR, Inc.

Street Address: 1852 W. Grand Blvd.

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Self - Help Addiction Rehabilitation, Inc. will host a walk from Herman Keifer to 1852 W. Grand Boulevard.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; DPD Assisted Event
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (JA; RM) (Grant)

CITY CLERK 12 JUL 2018 PM 2:49

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Fisher

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.12 12:22:01 -04'00'

Date: July 12, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, June 26, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING

423 *Shar, Inc., request to hold "Shar Recovery Walk" along a route beginning at Herman Keifer and ending at 1852 W. Grand Blvd. on September 14, 2018 from 10:00 AM to 12:00 PM with varoius street closures and setup and tear down occuring on the event date 9-14-18.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: SHAR RECOVERY WALK

Event Location: Beginning at Herman Keifer taking Taylor to Dexter and Dexter to Grand River and W. Grand Blvd to SHAR's Main location at 1852 W. Grand Blvd.

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: SHAR, INC.

Organization Mailing Address: 1852 W. Grand Blvd.

Business Phone: (313) 894-8444

Business Website: www.sharinc.org

Applicant Name: Joan Gist, SHAR Board Secretary/Patricia Scott

Business Phone: (313) 894-8444

Cell Phone: (313) 617-3033

Email: gistjoan@gmail.com

Event On-Site Contact Person:

Name: Patricia Scott

Business Phone: (313) 894-8444, xt. 2207

Cell Phone: (313) 452-2426

Email: pscott@sharinc.org

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Celebration of National Recovery Month - September</u> |

Please provide a brief description of your event:

SHAR, a non-profit therapeutic community has been a part of the Detroit Community for 49 years. In recognition of SHAR celebrating 50 years of service, in 2019, and September being National Recovery Month, we felt it fitting that we walk for the cause of "Changing Lives", from Herman Keifer, the beginning location for all individuals seeking substance abuse treatment in the City of Detroit. Many people have regained a second chance at life as a result of the SHAR program. We sincerely hope that the Detroit Police Department will join us as escorts for this worthwhile cause. As an added feature, we are planning to have a high school band as part of this event. Students will receive Community Service Hours, which is part of the graduation requirement. SHAR will also have a nurse from the Medical Department as part of the equipped with first aid, if

necessary. Bottles of water will be given to each participant prior to beginning the walk and an additional water station with bottles of water at mid point of the walk. If possible, we are asking for police escort leading the walk and at the rear. If not at both points then just leading the walk.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/14/18 Time: 8:00 am Complete Set-up Date: Not needed Time:

Event Start Date: 9/14/18 Time: 10 am Event End Date: 9/14/18 Time: Noon

Begin Tearing Down Date: Not needed Complete Tear Down Date:

Event Times (If more than one day, give times for each day):

N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: Starting point for the walk - Herman Keifer, 1151 Taylor, Detroit 48201

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run* |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: NA

Will a sound system be used? Yes No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music: N/A

How many generators will be used? N/A

How will the generators be fueled? N/A

Name of vendor providing generators:

Contact Person: N/A

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of item to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
There is no major impact. This walk will bring awareness to the fight against substance abuse

Have local neighborhood groups/businesses approved your event?

Yes

Signatures are attached

No Indicate what

steps you have or will take to notify them of your event:

Businesses have agreed to post flyers prior to event. Flyers will also be passed out in the neighborhoods

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure N/A

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

Address City/State/Zip:

Name of company providing port-a-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USER REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: 1151 Taylor to Clairmount

FROM: 10am TO: 10:20am

CLOSURE DATES: 9/14/18 BEG TIME: END TIME:

REOPEN DATE: TIME: 9/14/18 @ 10:20am

STREET NAME: Clairmount to Linwood

FROM: 10:20am TO: 10:40am

CLOSURE DATES: 9/14/18 BEG TIME: END TIME:

REOPEN DATE: TIME: 9/14/18 @ 10:40am

STREET NAME: Linwood to Joy Road

FROM: TO: 10:40am - 11:00 am

CLOSURE DATES: 9/14/18 BEG TIME: END TIME:

REOPEN DATE: TIME: 9/14/18 @ 11:00am

STREET NAME: Joy Road to Dexter

FROM: 11:00am TO: 11:20am

CLOSURE DATES: 9/14/18 BEG TIME: END TIME:

REOPEN DATE: TIME: 9/14/18 @ 11:20am

STREET NAME: Dexter to W. Grand Blvd. to SHAR, Inc. - 1852 W. Grand Blvd.

FROM: TO: 11:20am - 12noon

CLOSURE DATES: BEG TIME: END TIME:

REOPEN DATE: TIME: 9/14/18 @ 12noon

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Patricia Scott
 Signature of Applicant

6/21/18
 Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Star Recovery Walk Event Date: 9/14/18

Event Organizer: Patricia Scott

Applicant Signature: Patricia Scott Date: 6/21/18



Self Help Addiction Rehabilitation, Inc.

Changing Lives

Neighborhood Signatures for Recovery Walk

Friday, September 15, 2018

14⁰⁸

Name (Please Print)	Signature
Keith Robinson	
Kiesha Smith	
CHARLES Taylor	
Mike	
Ali	
Nick Jones	
Mike McGehee	
Jemima Beesley	
Ramona Beesley	
Alyssa Crisby	
BROCK LANDER	
Amala Jones	
Amala Jones	
Yvesha Howard	
Tapi Howard	
Donte Mubiny	
Mohamed Jahangir	
Mohamed Alham	
Leahs Bell Diamond	
Ada Morton	
Amela Anek	
Keith Keller	
CHARLES Bishop	
Sandra Gilbert	
Bertram Tripp	
Renaaldo Shaw	
Felicia Jackson	

6.14.18



Self Help Addiction Rehabilitation, Inc.

Changing Lives

Neighborhood Signatures for Recovery Walk

Friday, September 15, 2018

14 (P.S)

Name (Please Print)	Signature
MICHAEL GERVIN	Michael Gerwin
Martise Heath	Martise Heath
Robert McBride	Robert McBride
DARREN CORTES	Darren Cortes
Ronald Smith	Ronald Smith
KOSHA HENDER	Kosha Henderson
TAYLOR TROTTER	Taylor Trotter
Sara Anyet	Sara Anyet
CASIMIR NOEL	Casimir Noel
OTIS JORDAN	Otis Jordan
JAMES MCCLURE	James McClure
ROGER BROWN	Roger Brown
Lillian Reynolds	Lillian Reynolds
KEVIN INGRAM	Kevin Ingram
Joseph Thompson (Thompson Funeral Home)	Joseph Thompson
ALVIN COOPER	Alvin Cooper
Carla Wesley	Carla Wesley
TERESA COOPER	Teresa Cooper
Carolyn Cooper	Carolyn Cooper
MUHAMMAD BISHORE ABDU	Muhammad Bishore Abdu
Abdul Rashid Mohamad	Abdul Rashid Mohamad
JUVENA WALLS	Juvena Walls
Demetrius Sheffert	Demetrius Sheffert
RONNIE FRUIT JR.	Ronnie Fruit Jr.
Amber Danley	Amber Danley
Shawnetta McNeal	Shawnetta McNeal
CHRIS McCAIN	Chris McCain
ANDRE SIMS	Andre Sims

6.14.18



Self Help Addiction Rehabilitation, Inc.

Changing Lives

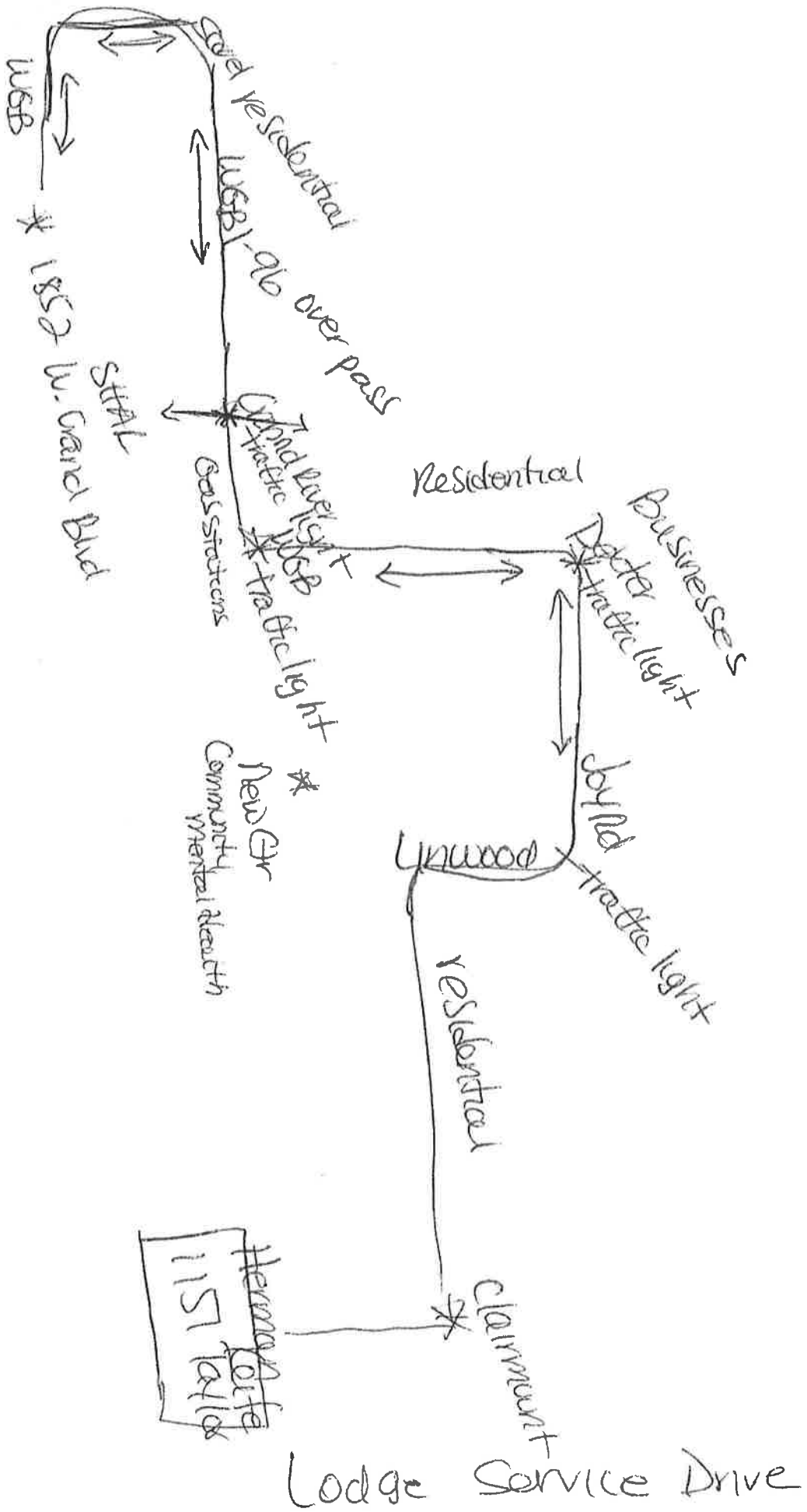
Neighborhood Signatures for Recovery Walk

Friday, September 15, 2018

140

Name (Please Print)	Signature
DANIEL LEE Epps	Daniel Lee Epps 6-14-2018
Damon Walker	Damon Walker
Perrica Walker	Perrica Walker
MICHAEL COPELAND	Michael Copeland
Walter Jones	Walter Jones
Davonne White	Davonne White
Adria Solomon	Adria Solomon
Derril Gibbons	Derril Gibbons
MANDY MATHIS	Mandy Mathis
CHAR Underwood	Char Underwood
Stanley Clark	Stanley Clark
QUINN WILSON	Quinn Wilson
Laroya Webster	Laroya Webster
Clyde Lancaster	Clyde Lancaster
Antwon Fleming	Antwon Fleming
Larry Bell	Larry Bell
Annie Jackson	Annie Jackson
ROBERT FERRELL	Robert Ferrell
Tamela Hooverette	Tamela Hooverette
Karen Hayes	Karen Hayes
Ja Juan Sohnigan	Ja Juan Sohnigan
Tom Bolton	Tom Bolton
KEVIN K	Kevin K
RYAN M	Ryan M
Audre D.	Audre D.
Darryl Johnson	Darryl Johnson
KEVIN MELTON	Kevin Melton
Patrick Lewis	Patrick Lewis

6.14.18



2018-06-26

423

423 *Petition of Shar, Inc., request to hold "Shar Recovery Walk" along a route beginning at Herman Keifer and ending at 1852 W. Grand Blvd. on September 14, 2018 from 10:00 AM to 12:00 PM with various street closures and setup and tear down occurring on the event date 9-14-18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL
PARKING DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY

MO
4

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 436 Event Name: Pistons Fit

Event Date : August 25, 2018

Street Closure: None

Organization Name: Detroit Pistons

Street Address: 6 Championship Drive

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon
- Carnival/Circus
- Concert/Performance
- Run/Marathon
- Bike Race
- Religious Ceremony
- Political Ceremony
- Festival
- Filming
- Parade
- Sports/Recreation
- Rally/Demonstration
- Fireworks
- Convention/Conference
- Other: _____
- 24-Hour Liquor License

Petition Communications (include date/time)

Detroit Pistons Season Ticket Holders will take a bike tour of Downtown Detroit from 11:00am - 12:30pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required; DPD Assisted Event
	Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction

ENTERED JUL 23 2018 M.T.F. Under NB (RM) 2-0 (JA; RM) (Grant)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required; DPD Assisted Event
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.12 13:03:47 -0400

Date: **July 12, 2018**

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, July 10, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

PLANNING AND DEVELOPMENT DEPARTMENT MAYOR'S OFFICE
DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER
POLICE DEPARTMENT FIRE DEPARTMENT
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

436 *Detroit Pistons, request to hold "Pistons Fit presented by Henry Ford Haelth System Detroit Bike Tour" at varoius locations around the city on August 25, 2018 from 11:00 AM to 12:30 PM. Set up and tear dow to be completed on the event date, 8-25-18.*



City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Pistons Fit presented by Henry Ford Health System Detroit Bike Tour

Event Location: Various Locations around the city.

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Pistons

Organization Mailing Address: 6 Championship Dr

Business Phone: 248-375-4052

Business Website: www.pistons.com

Applicant Name: Chris Economeas

Business Phone: 248-375-4052

Cell Phone: 248-535-5925

Email: ceconomeas@pistons.com

Event On-Site Contact Person:

Name: Chris Economeas

Business Phone:

Cell Phone: 248-535-5925

Email: ceconomeas@pistons.com

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: Bike Ride

Please provide a brief description of your event:

Pistons Fit presented by Henry Ford Health System is the health and wellness platform of the Detroit Pistons. Approx. 250-300 Fans and Season ticket holders will have the opportunity to go on a bike tour in downtown Detroit

CITY CLERK 2018 JUL 10 PM12:23

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 08/25/2018 Time: 10:00AM Complete Set-up Date: 08/25/2018 Time: 10:30AM

Event Start Date: 08/25/2018 Time: 11:00AM Event End Date: 08/25/2018 Time: 12:30PM

Begin Tearing Down Date: 08/25/2018 Complete Tear Down Date: .

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Various locations

Facilities to be used (circle): **Street** **Sidewalk** **Park** **City**
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? Yes No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

How many generators will be used? _____

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: Tickets will be sold via Pistons.com

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: T Shirts, hats and other assorted merchandise.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

Address: _____

Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Slight traffic delays. We work with DPD to coordinate routes. They provide full route assistance.

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event: We work with each community to get permission to ride through and how to best coordinate the route.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	_____	_____
Canopy (open on all sides)	_____	_____
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns. _____

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company? _____

Contact Person: _____

Address: _____ Phone: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor’s designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Jason Hall _____ 5-2-1017 _____
Signature of Applicant _____ Date _____

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney’s fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Slow Roll Detroit _____ **Event Date:** 5-15-2017 _____
Event Organizer: Detroit Bike City Inc./ Jason Hall _____
Applicant Signature: Jason Hall _____ **Date:** 5-2-2017 _____

2018-07-10

436

436 *Petition of Detroit Pistons, request to hold "Pistons Fit presented by Henry Ford Health System Detroit Bike Tour" at various locations around the city on August 25, 2018 from 11:00 AM to 12:30 PM. Set up and tear down to be completed on the event date, 8-25-18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- PLANNING AND DEVELOPMENT DEPARTMENT
- MAYOR'S OFFICE
- DPW - CITY ENGINEERING DIVISION BUSINESS LICENSE CENTER
- POLICE DEPARTMENT FIRE DEPARTMENT
- TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE COORDINATORS REPORT



OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 395 Event Name: Caribbean Festival

Event Date: August 11 - 12, 2018

Street Closure: Alley Located at 2990 Grand Boulevard

Organization Name: Caribbean Cultural and Carnival Organization

Street Address: 18323 West McNichols Detroit, MI 48219

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Annual festival held in New Center Park from 12:00pm - 11:00pm each day; with temporary closure of the alley located at 2990 Grand Boulevard.

** ALL permits and license requirements must be fulfilled for an approval status **

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Tricon to Provide Private Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Alley Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 2018 JUL 9 am 11:37

ENTERED JUL 19 2018 M TNB (RCL 210)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Fisher

Digitally signed by Bethanie Fisher
DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
Date: 2018.07.09 10:08:49 -04'00'

Date: July 9, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 14, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

395 *Caribbean Cultural and Carnival Organization, request to hold "Caribbean Festival" at New Center Park on August 11 and 12, 2018 with various start and end times each day and various street closures.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Caribbean Festival

Event Location: New Center Park and Adjacent Alley

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Caribbean Cultural and Carnival Organization

Organization Mailing Address: 18323 West McNichols, Detroit, MI 48219

Business Phone: (313) 255-2226

Business Fax:

Federal Tax ID #

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Richard Parris

Title/Role:

Email Address: richard.parris.j777@statefarm.com

Mailing Address: 18323 West McNichols, Detroit, MI 48219

Business Phone: 313 875 3172

Business Fax::

Event On-Site Contact Person:

Mailing Address: 18323 West McNichols, Detroit, MI 48219

Business Phone: 313 875 3172

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference

- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks

- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: _____

- Applicants must reimburse the City of Detroit for costs associated with their Special Event, including but not limited to Detroit Police Department, Detroit Fire Department, Detroit Public Works, Health & Wellness Department, Building & Safety and Business License.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 7am 8/11/18 Complete Set-up Date & Time: Noon 8/11/18

Event Start Date & Time: Noon 8/11/18 Event End Date & Time: 11pm 8/12/18

Begin Tearing Down Date: 11pm 8/12/18 Complete Tear Down Date: Midnight 8/12/18

Event Times (If more than one day, give times for each day): Saturday Noon - 11pm, Sunday 1pm-10pm

Is this the first time you have held this event in the City of Detroit? Yes No

If no, what years has the event been held in Detroit?

Long history- Hart Plaza & New Center Park

When was the event last held in Detroit?

August 2017

Where was the event last held in Detroit?

New Center Park

What were the hours last year?

Similar

Project Attendance This Year (Minimum - Maximum)?

3500 over two days

What is the basis for your projected attendance?

Experience

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year?

Second Weekend of August

If a parade is planned. Indicate elements (check all that apply):

- People
- Floats
- Vehicles
- Bands
- Balloons
- Animals
- Other: _____

If animals included, specify type, number and how used.

No animals

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: New Center Park , 2998 Grand Blvd, Detoit, MI

Facilities to be used (circle Street

Sidewalk

Park

ALLEY

City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- Singers
 Musicians
 Comedians
 Speakers
- Magician
 Story Telling
 Other: _____

Describe the entertainment for this year's event:

Island music and entertainment

List proposed entertainers and/or bands performing at the event:

Will a sound system be used? Yes No

If yes, what type of sound system?

Existing park sound system

- Acoustic-audible, sound heard within natural range
 Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert? Yes No

If yes, what type of music? (check all that apply)

- Live Recorded Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Existing Park Power

How many generators will be used?

None

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip:

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

- Radio (Specify stations):
 Television (Specify stations):
 Newspapers (specify papers):
 Web site (identify web address):
 Public Relations or Marketing Firm (Specify):

We will use a multi media ad campaign

Contact Info:

Raffle (List Item(s)):

Billboards

Posters

Flyers

Street Banners

Other (specify): _____

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe:

Will there be on-site ticket sales? Yes No \$5
If yes, list price(s):

Will food be sold? Yes No
If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? Yes No Caribbean Clothing and gift items
If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization? Yes No
If yes, describe: Event producer is a non-profit

If the event is a fundraiser, identify charity or recipient of funds: Event Producer

Will there be vending or sales? Yes No
If yes, check all that apply:

- Food
- Non-Alcoholic Beverages
- Other (specify):
- Merchandise
- Alcoholic Beverages

Existing park bar will request temporary extension for alley.

Indicate type of items to be sold:

Gifts and clothing. Food

Will these be exclusive vendors or outside vendors? (please describe): Invited Vendors

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Existing Park Security - Tricon

Address: Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 4 - 6

Are the private security personnel (check all that apply):

[X] Licensed [] Armed [] Bonded

Describe the emergency evacuation plan: Park PA to direct people to exit. Adjacent bldg - storm shelter

Describe the parking plan to accommodate anticipated attendance: Large paid lots in area

How will you advise attendees of parking options? Web Site

Are you seeking a group parking rate? No

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

We will contact the Clerks Office and Fitness Works

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? _____

Size/Height _____

Booth _____

Tent (enclosed on 3 sides) _____

Canopy (open on all sides) 4-6 at 10x10 each

Staging/Scaffolding _____

Bleachers _____

Company:

Grill Existing park licensed kitchen plus food trucks

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms: Park Restrooms

Standard ADA Accessible

Vehicles

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No

Will additional utility services be used (power, water, etc.)? Please describe.

Existing park utilities

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Existing park dumpsters

Address: _____

Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: None

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. None

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? None

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

We would like to use the alley south of the park between 2nd and 2990 Grand Blvd.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Alley

FROM 2nd

TO 2990 Grand

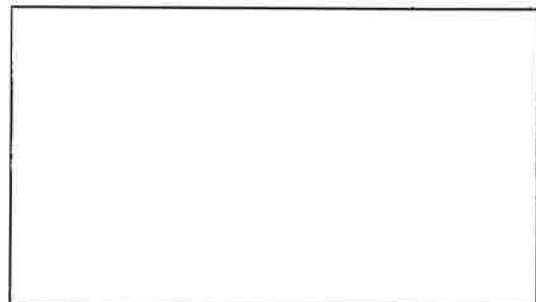
Closure Dates: 8/11 7am

Beg. Time: 8/12 11pm

End Time: _____

Reopen Date: _____

Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

- Posting no parking signs
- Electrical Services
- Light pole
- Storage for Trailers/Trunks

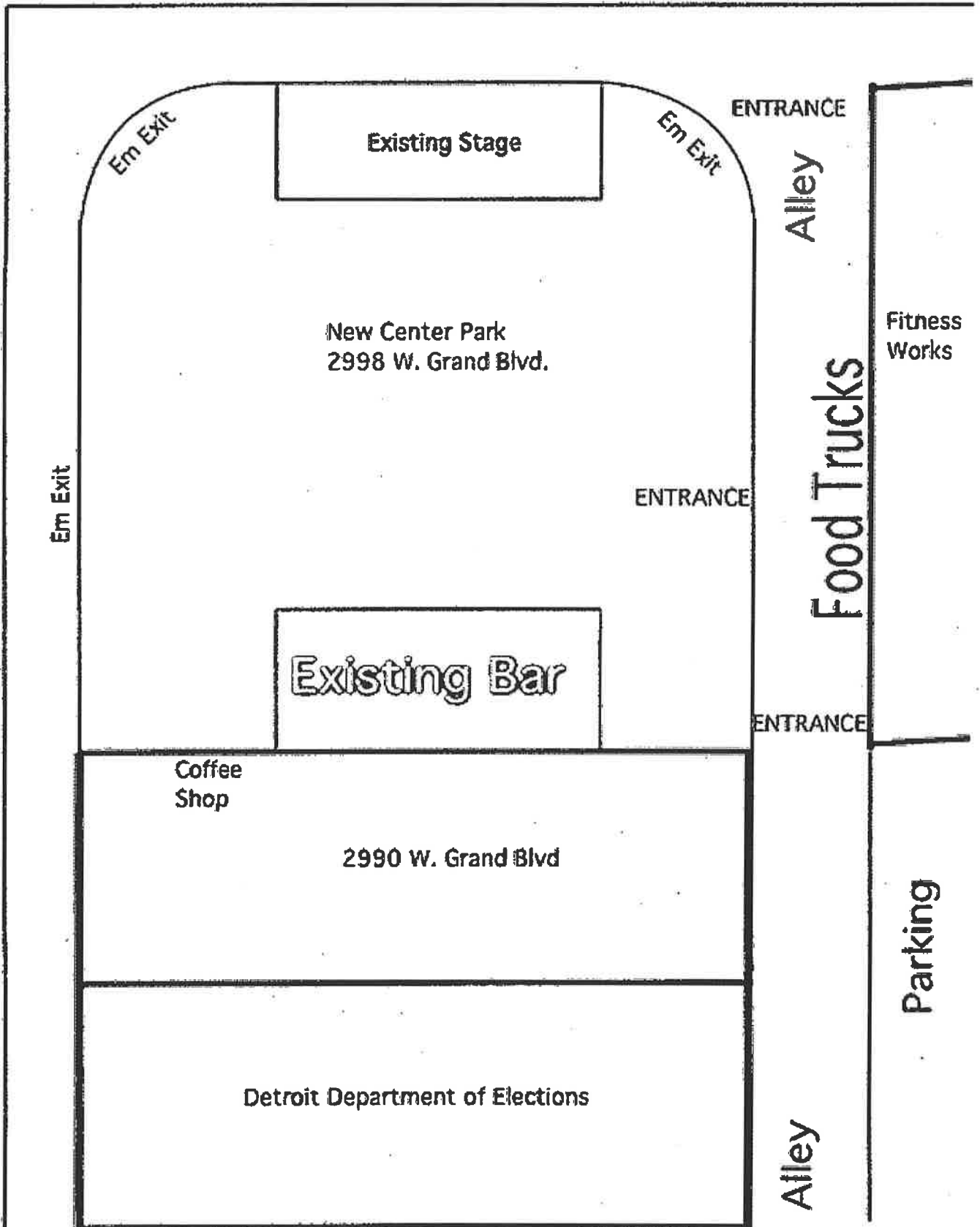
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

Second

Grand Blvd.



Em Exit

Em Exit

Existing Stage

Em Exit

ENTRANCE

Alley

New Center Park
2998 W. Grand Blvd.

Fitness Works

ENTRANCE

Food Trucks

Existing Bar

ENTRANCE

Coffee Shop

2990 W. Grand Blvd

Parking

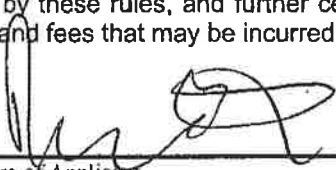
Detroit Department of Elections

Alley

Parking

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



06-01-2018

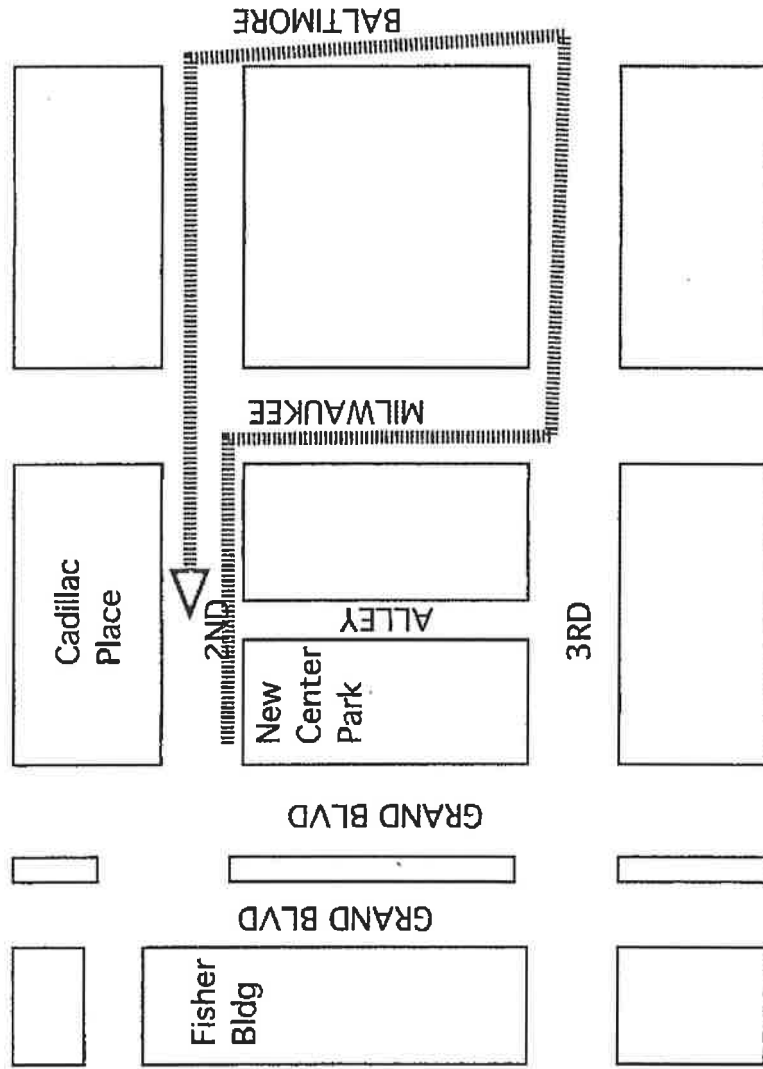
Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

PROCESSION ROUTE

11:00 AM on Saturday, July 11th.
We are working with the precinct to coordinate this short procession.



COMMUNITY IMPACT SIGNATURE FORM

Page(s) ____ of ____

All information must be legible and the business/resident name(s) must be included. The signature form is required for business (es) and resident(s) within full or single lane closures, business (es)/residential properties within 300 ft on all sides from the closure perimeter, if parking equipment in front of business (es)/residential properties and if events are within a residential community/block.

On, 8/11/18 from 7am to Mid, Caribbean Festival is scheduled to take place at
(Date) (Time) (Time) (Event Name)
2990 W. Grand Blvd. We will have streets closed for 2 day (s). Park from Street to
(Address) (Qty) 2998 West Grand Blvd.

By signing, I verify that I have read the notification letter. I do not have any objections to the Special Events activity referenced above.

Business/Resident Name	Address	Print Name	Signature	Date Signed
Bld West Building	2990 West Grand Blvd			
City Clerks Office	2978 West Grand Blvd			
Fitness Works	6525 Second Avenue			

The list above will be checked randomly for credibility. Any false information will be addressed and the Special Event Permit may be revoked. If a residential property, the owner or tenant must sign. If a business, the owner or manager must sign. Signatures of minors are not acceptable.

By signing, I verify that the information above is true and confirmed.

Authorized Signature-Applicant:  Date: 06-01-2018

Millicent Winfrey - REQ. FOR 3 CERT. RESOS

From: Valerie Upshaw
To: Millicent Winfrey
Date: 6/13/2018 6:53 PM
Subject: REQ. FOR 3 CERT. RESOS

Thank you in advance for the following 3 Cert. Reso requests for HRD.

Approved 5/22/18:

Line Item #81 - Tate, reso. autho. Reprogramming Amendment to the 2016-17 Emergency Solution Grant (ESG) Annual Action Plan for fiscal Years 2015-16 and 2016-17.

Line Item #82 - Tate, reso. autho. Reprogramming Amendment to the 2016-17 Community Development Block Grant (CDBG) Annual Action Plan for Fiscal Year 2016-17.

Approved 5/15/18:

Line Item #74 - Tate, Jr., reso. autho. Surplus Property for Sale 1451 Baldwin.



6 ~~4~~ 

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 412 Event Name: Out the Darkness Walk

Event Date: September 29, 2018

Street Closure: None

Organization Name: American Foundation for Suicide Prevention

Street Address: 37637 Five Mile Road #187 Livonia, MI 48154

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Walk to raise awareness for Suicide Prevention at Hart Plaza and the Detroit Riverwalk from 8:00am - 2:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private Security Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 2018 JUL 9 and 1:37

ENTERED JUL 19 2018 MTLB (RCL 210)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Fisher

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.09 10:52:49 -04'00'

Date: July 9, 2018

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, June 21, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
MUNICIPAL PARKING DEPARTMENT

412

American Foundation for Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza, on the Riverwalk, and Milliken State Park on September 29, 2018 from 8:00 AM to 2:00 PM Set up begins 9-28-18, tear down is 9-29-18.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Metro Detroit Out of the Darkness Walk
Event Location: Hart Plaza, River Walk, Milliken State Park

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Foundation for Suicide Prevention
Organization Mailing Address: 37637 Five Mile Rd. #187, Livonia, MI 48154
Business Phone: 810-730-2667 Business Fax:
Federal Tax ID # 13-3393329

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: STEVE WINDOW
Title/Role: Area Director, Michigan
Email Address: SWINDOW@AFSP.org
Mailing Address: 37637 Five Mile Rd. #187, Livonia, MI 48154
Business Phone: 810-730-2667 Business Fax:
Event On-Site Contact Person: Anne Perry
Mailing Address: 16239 Marguerite St., Beverly Hills, MI 48025
Business Phone: 248-425-2178 Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors: FCA USA, German Const., Felmore Detroit,
Thunder Audio, MAD Power

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

CITY CLERK 2018 FEB 11 AM 10:58

Provide a brief description of your event:

Grass roots community fundraiser to save lives!
bring hope to those affected by suicide. Team based
walk, following opening ceremony, down river walk
to depueck at: back to Hart Plaza

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 9/28/18 8AM Complete Set-up Date & Time: 9/28/18 8pm

Event Start Date & Time: 9/29/18 8am Event End Date & Time: 9/29/18 2pm

Begin Tearing Down Date: 9/29/18 2pm Complete Tear Down Date: 9/29/18 8pm

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? Yes No

If no, what years has the event been held in Detroit?

2017

When was the event last held in Detroit?

9/2017

Where was the event last held in Detroit?

Hart Plaza

What were the hours last year?

same as requested

Project Attendance This Year (Minimum - Maximum)?

3,000 - 7,000

What is the basis for your projected attendance?

last year plus projected growth of 20%

Please describe your anticipated/ target audience:

Is this going to be an annual event? Yes No

If yes, do you have a preferred/proposed for next year?

9/27/19

If a parade is planned. Indicate elements (check all that apply):

People Balloons

Floats Animals

Vehicles Other: _____

Bands

If animals included, specify type, number and how used.

Therapy dogs w/ attendees who have them

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: HIAA Plaza

Facilities to be used (circle): Street Sidewalk Park City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- Singers
- Musicians
- Comedians
- Magician
- Story Telling
- Other: _____

Describe the entertainment for this year's event: Live/local music, DJ w/ amplified sound, opening ceremony.

List proposed entertainers and/or bands performing at the event: 483

Will a sound system be used? Yes No

If yes, what type of sound system? Amplified sound

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? Yes No

If yes, what type of music? (check all that apply)

- Live
- Recorded
- Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: generators from MAD Power

How many generators will be used? 2

How will the generators be fueled? gas.

Name of vendor providing generators:

Contact Person: MAD Power Mary Alice Mirockna

586.215.1927

Address: 28399 Dartmouth St.

Phone: 248.545.4845

City/State/Zip: Madison Heights, MI 48071

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

[X] Radio (Specify stations): TBS

[X] Television (Specific stations): Fox 2

[] Newspapers (specify papers):

[X] Web site (identify web address): AFSP.org/metrodetroit

[] Public Relations or Marketing Firm (Specify):

Contact Info:

[] Raffle (List Item(s)):

[] Billboards

[] Flyers

[] Street Banners

[] Other (specify):

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? [] Yes [X] No

If yes, please describe:

Will there be on-site ticket sales? [] Yes [X] No

If yes, list price(s):

Will food be sold? [] Yes [X] No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? [X] Yes [] No

If yes, describe: AFSP trademarked "Be the Voice" clothing

Will a percentage of the proceeds be distributed to a charitable organization? [X] Yes [] No

If yes, describe: 100% AFSP

If the event is a fundraiser, identify charity or recipient of funds: AFSP

Will there be vending or sales? [X] Yes [] No

If yes, check all that apply:

[] Food [X] Merchandise

[] Non-Alcoholic Beverages [] Alcoholic Beverages

[] Other (specify):

Indicate type of items to be sold: see above

Will these be exclusive vendors or outside vendors? (please describe): _____

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Camouflage Security Joel Corissom

Address: 615 Griswold St. Suite 975 Phone: 313-338-8005

City/State/Zip: Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift: TBD

Are the private security personnel (check all that apply):

Licensed Armed (some) Bonded

Describe the emergency evacuation plan: Hart Plaza Plan

Describe the parking plan to accommodate anticipated attendance: local garages @ discounted rate

How will you advise attendees of parking options? website, emails, signs

Are you seeking a group parking rate? yes

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Traffic

Have local neighborhood groups/businesses approved your event? Yes No N/A

Indicate what steps you have or will take to notify them of your event:

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many? 12-15 kiosk, various size, stage

Size/Height 20x20, 10x10, 20x10, 40x40

Booth _____

Tent (enclosed on 3 sides) 20x20, 10x20

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

Gas Charcoal Electrical Propane

Fireworks (Pyrotechnics)

Aerial Stage

Provide Sketch:

Portable Restrooms:

Standard ADA Accessible

Vehicles

set up trucks → none @ event

Type/Weight: _____

Other: _____

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

NO

Will additional utility services be used (power, water, etc.)? Please describe.

_____ *NO*

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

_____ *NO.*

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Schupan Recycling

Address: _____ Phone: _____

City/State/Zip _____

Name of company providing emergency medical services?

Contact Person: MART EMS

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. Sotby's Portables

Contact Person: S.

Address: _____ Phone: _____

City/State/Zip: _____

Name of private catering company? N/A

Contact Person: _____

Address: _____ Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

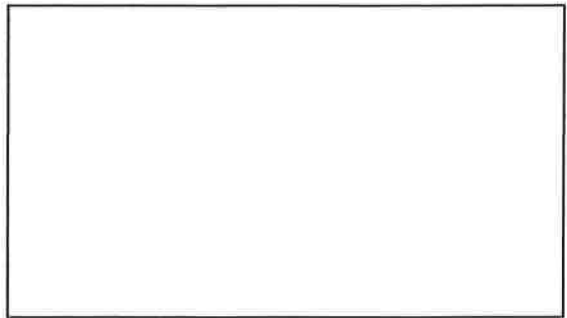
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

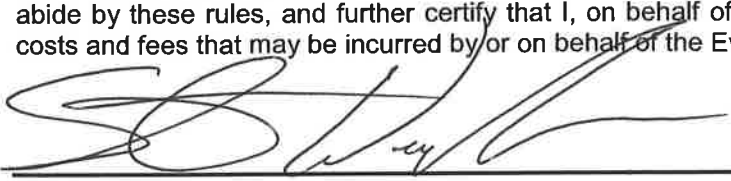
Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



5/1/18

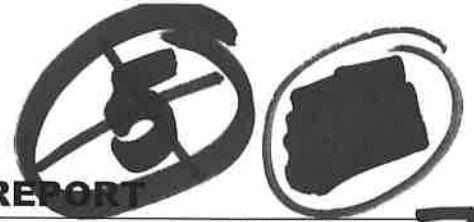
Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

4

MAYOR'S OFFICE COORDINATORS REPORT



7

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 326 Event Name: Tour de Cure

Event Date: September 30, 2018

Street Closure: None

Organization Name: American Diabetes Association

Street Address: 20700 Civic Center Drive Ste. 100 Southfield, MI 48070

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input checked="" type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Annual 5K with a newly added bike 10, 30 and 60 mile bike ride at Comerica Park and surrounding streets from 5:00am - 5:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Comerica Park Security to Provide Private Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 2018 JUL 9 AM 11:37

ENTERED JUL 19 2018 MTNB (RCL 20)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: _____

Date: _____

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, July 09, 2018

To: *The Department or Commission Listed Below*

From: *Janice M. Winfrey, Detroit City Clerk*

AMENDMENT

Herewith, the following referral is a copy of Petition **326**

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
FIRE DEPARTMENT POLICE DEPARTMENT
BUILDINGS SAFETY ENGINEERING MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER

326 *American Diabetes Association, request to hold "Tour de Cure" at Comerica Park on September 30, 2018 from 5:00 A.M. to 5:00 P.M. with one street closure of Witherell St. from Montclair to Elizabeth.*

NOTE: **Attached please find additional documentation for the above mentioned petition.**

PETITIONER IS AMENDING PETITION DUE TO:
Amended Application. See attached.

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

AMENDED

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, May 04, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
FIRE DEPARTMENT POLICE DEPARTMENT
BUILDINGS SAFETY ENGINEERING MUNICIPAL PARKING DEPARTMENT
BUSINESS LICENSE CENTER

326 *American Diabetes Association, request to hold "Tour de Cure" at Comerica Park on September 30, 2018 from 5:00 A.M. to 5:00 P.M. with one street closure of Witherell St. from Montclair to Elizabeth.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Event Name: Tour de Cure

Event Location: Comerica Park

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Diabetes Association

Organization Mailing Address: 20700 Civic Center Drive, Suite 100, Southfield, MI 48076

Business Phone: 248.433.3830

Business Website: www.diabetes.org

Applicant Name: Tasha Williams

Business Phone: 248.433.3830 ext 6691

Cell Phone: 313.587.1113

Email: lewilliams@diabetes.org

Event On-Site Contact Person:

Name: same

Business Phone:

Cell Phone:

Email:

Event Elements (check all that apply)

Walkathon

Carnival/Circus

Concert/Performance

Run/Marathon

Bike Race (ride)

Religious Ceremony

Political Event

Festival

Filming

Parade

Sports/Recreation

Rally/Demonstration

Convention/Conference

Fireworks

Other: _____

Please provide a brief description of your event:

It is a walk and a ride through downtown Detroit and the surrounding areas. A 5k walk with a cycling event consisting of a 10, 30 and 60 mile route.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 09.29 Time: 10am Complete Set-up Date: 09.29 Time: 5pm

Event Start Date: 09.30 Time: 5am Event End Date: 09.30 Time: 5pm

Begin Tearing Down Date: 09.30 Complete Tear Down Date: 09.30

Event Times (If more than one day, give times for each day):
5am-3pm

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: a dj or band inside the park

Will a sound system be used? Yes No

If yes, what type of sound system? Not sure

Describe specific power needs for entertainment and/or music:

What the park has has been sufficient in the past

How many generators will be used? 1

How will the generators be fueled? gas

Name of vendor providing generators:

Contact Person: unsure as of now

Address:

Phone:

City/State/Zip

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options? Through email phone and website



How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Working with the Detroit Police Department regarding traffic at 2 intersections on route; no other concerns

Have local neighborhood groups/businesses approved your event? Yes

No

Indicate what steps you have or will take to notify them of your event: event will be promoted widely using different media outlets

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	0	10x10
Canopy (open on all sides)	15-20	10x10
Staging/Scaffolding	1	blow up arch 15 feet
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Detroit Medical Center (via Comerica Park contract)

Address: 4201 St. Antoine

City/State/Zip: Detroit, MI 48201

Name of company providing port-a-johns. They will be on private property only.

Contact Person:

Address: Phone:

City/State/Zip:

Name of private catering company? na

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Jefferson
FROM: Woodward TO: Jefferson
CLOSURE DATES: 09.30 BEG TIME: 4:30am END TIME: 4pm
REOPEN DATE: 09.30 TIME: 4pm

STREET NAME: Witherell Street
FROM: East Montcalm Street TO: East Elizabeth Street
CLOSURE DATES: 09.30 BEG TIME: 4:30am END TIME: 4pm
REOPEN DATE: 09.30 TIME: 4pm

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Jasha Williams 10.28.18
Signature of Applicant Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Jour de Cure Event Date: 9.30.18
Event Organizer: American Diabetes Association
Applicant Signature: Jasha Williams Date: 10.28.18

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.



Event Name: Tour de Cœur
Event Location: Comerica Park

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Diabetes Association

Organization Mailing Address: 20700 Civic Center Dr Ste 100 Southfield, MI 48076

Business Phone: 248.433.3830 Business Website: www.diabetes.org

Applicant Name: Stephanie Camato

Business Phone: 248.433.3830 Cell Phone: 734.255.0667 Email: scamato@diabetes.org

Event On-Site Contact Person:

Name: same

Business Phone: _____ Cell Phone: _____ Email: _____

Event Elements (check all that apply)

- Walkathon Carnival/Circus Concert/Performance
- Run/Marathon Bike Race / Ride Religious Ceremony
- Political Event Festival Filming
- Parade Sports/Recreation Rally/Demonstration
- Convention/Conference Fireworks Other: _____

Please provide a brief description of your event:

It is a fund raising event with a ride and a walk through downtown, and the surrounding areas. A 5K walk, and cycling event with a 10 mile, 30 mile, and 60 mile route.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date Sept 29 Time: 10am Complete Set-up Date: Sept 29 Time: 5pm

Event Start Date: Sept 30 Time: 5am Event End Date: Sept 30 Time: 5pm

Begin Tearing Down Date: 3pm Complete Tear Down Date: Sept 30

Event Times (If more than one day, give times for each day):
5am - 3pm

Location of Event: Comeina Park

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Describe the entertainment for this year's event:
DJ & Band inside park

Will a sound system be used? Yes No

If yes, what type of sound system? not sure

Describe specific power needs for entertainment and/or music:
what the park has, has been sufficient in years past

How many generators will be used? 1

How will the generators be fueled? gas

Name of vendor providing generators:

Contact Person: not sure

Address: _____ Phone: _____

City/State/Zip _____

Will there be advanced ticket sales? Yes No
If yes, please describe: _____

Will there be on-site ticket sales? Yes No
If yes, list price(s): _____

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Name of Private Security Company: Existing park contract security will be used.

Contact Person:

Address: _____ Phone: _____

City/State/Zip: _____

Number of Private Security Personnel Hired Per Shift: _____

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options?

Through email, phone and website

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event:

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>0</u>	<u>10x10</u>
Canopy (open on all sides)	<u>15-20</u>	<u>10x20</u>
Staging/Scaffolding	<u> </u>	<u>blow up arch 15 ft</u>
Bleachers	<u>0</u>	<u> </u>

Emergency medical services?

Contact Person:

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Witherell St
FROM: E. Montcalm St TO: E Elizabeth St
CLOSURE DATES: Sept 30 BEG TIME: 4:30 END TIME: 4pm
REOPEN DATE: Sept 30 TIME: 4:00pm

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

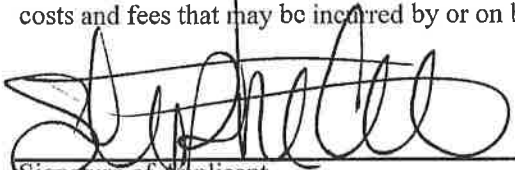
STREET NAME: _____
FROM: _____ TO: _____
CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____
REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.


Signature of Applicant

4-20-18
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

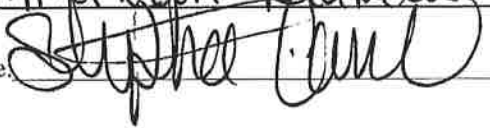
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Tour de Cure Event Date: 9-30-18

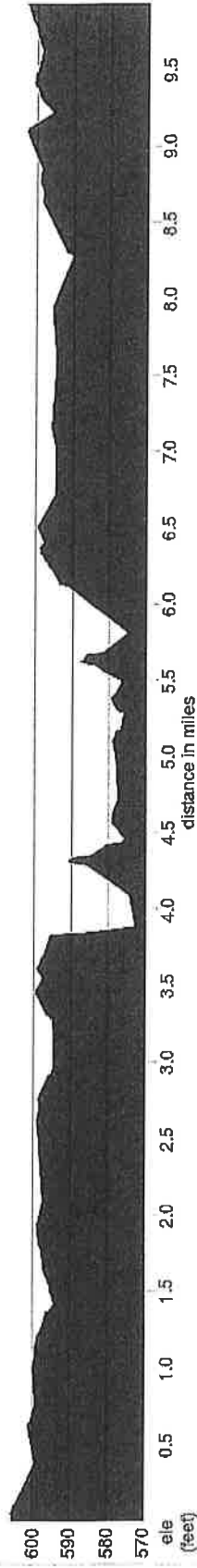
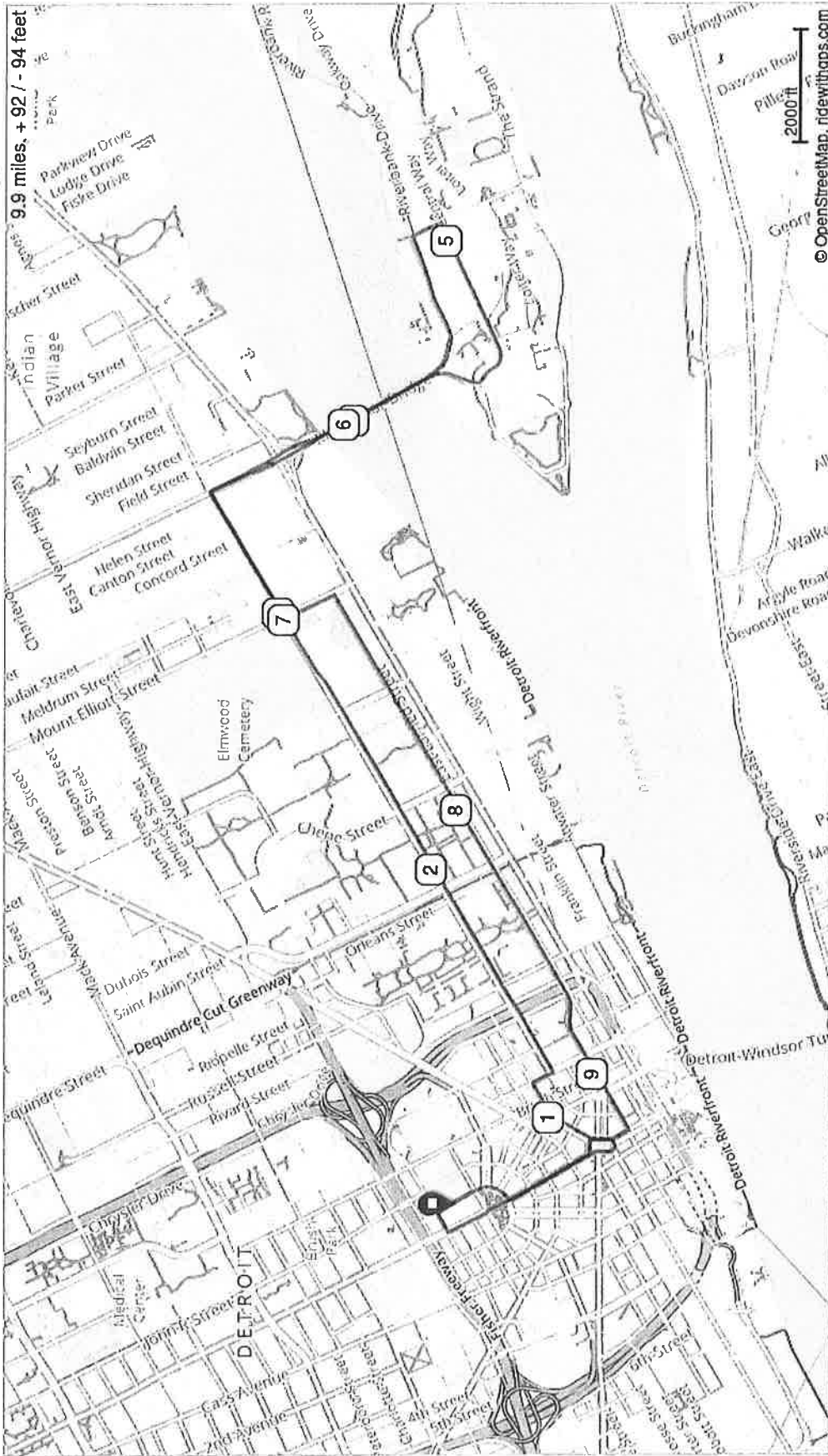
Event Organizer: American Diabetes Association

Applicant Signature:  Date: 4-28-18

10M TDC 2018

RIDE
WITH GPS

9.9 miles, + 92 / - 94 feet



10M TDC 2018

Num	Dist	Prev	Type	Note	Next
1.	0.0	0.0	▣	Start of route	0.0
2.	0.0	0.0	←	L onto East Montcalm Street	0.1
3.	0.1	0.1	←	L onto Woodward Avenue, M 1	0.6
4.	0.8	0.6	←	Slight L onto Woodward Avenue	0.1
5.	0.8	0.1	→	Slight R onto Monroe Avenue	0.2

0.8 miles. +1/-7 feet

Num	Dist	Prev	Type	Note	Next
11.	4.4	0.6	←	Slight L onto Casino Way	0.1
12.	4.6	0.1	←	L onto Central Ave	0.1
13.	4.6	0.1	⚓	Rest Stop D Rest Stop D	0.4
14.	5.1	0.4	←	L onto Inselruhe Street	0.1
15.	5.2	0.1	←	L onto Riverbank Drive	0.5

1.3 miles. +4/-3 feet

Num	Dist	Prev	Type	Note	Next
6.	1.0	0.2	→	Slight R onto Monroe Avenue	0.1
7.	1.1	0.1	→	R onto Beaubien Street	0.1
8.	1.2	0.1	←	L onto East Lafayette Street	2.3
9.	3.5	2.3	→	R onto East Grand Boulevard	0.4
10.	3.8	0.4	↑	Continue onto MacArthur Bridge	0.6

3.0 miles. +12/-17 feet

Num	Dist	Prev	Type	Note	Next
16.	5.6	0.5	↑	Continue onto MacArthur Bridge	0.5
17.	6.1	0.5	←	Slight L onto East Grand Boulevard	0.4
18.	6.5	0.4	←	L onto East Lafayette Street	0.5
19.	7.0	0.5	←	L onto Mount Elliott Street	0.2

1.8 miles. +23/-14 feet

Num	Dist	Prev	Type	Note	Next
20.	7.2	0.2	➔	R onto East Larned Street	2.0
21.	9.2	2.0	➔	R onto Woodward Avenue	0.1
22.	9.4	0.1	➡	Slight L onto Woodward Avenue	0.0
23.	9.4	0.0	➔	Slight R onto Woodward Avenue	0.3
24.	9.7	0.3	➔	R onto Withere Il Street	0.2
25.	9.9	0.2	⬆	Finish	0.0

2.9 miles. +21/-14 feet

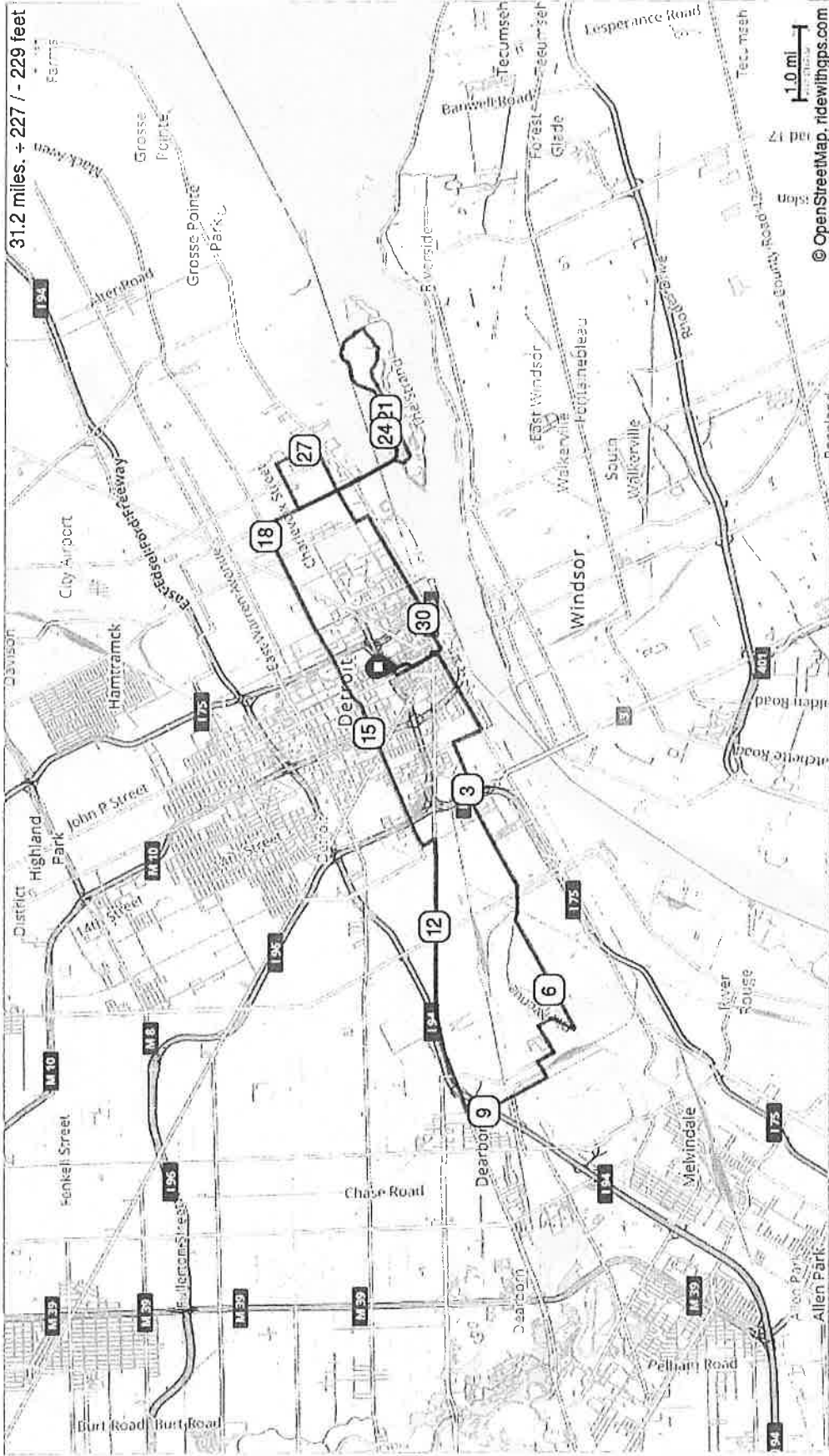
Num	Dist	Prev	Type	Note	Next
26.	9.9	0.0	🚩	End of route	0.0

0.0 miles. +0/-0 feet

31M TDC 2018

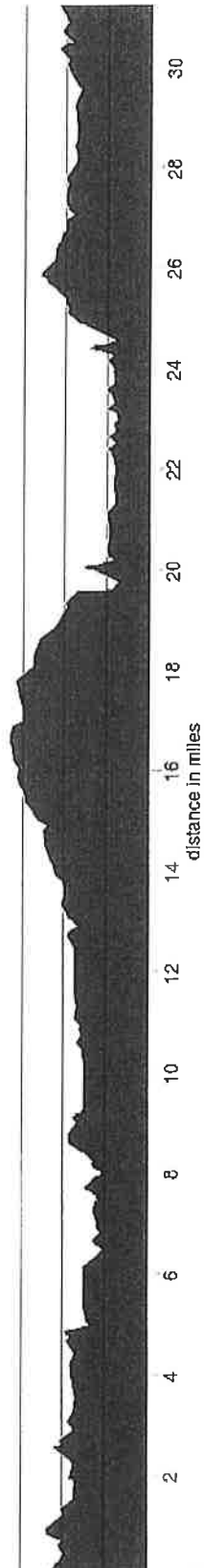


31.2 miles, + 227 / - 229 feet



1.0 mi
24 per
Uops
© OpenStreetMap, ridewithgps.com

620
500
580
560
ele
(feet)



31M TDC 2018

Num	Dist	Prev	Type	Note	Next
1.	0.0	0.0	▣	Start of route	0.0
2.	0.0	0.0	↑	Start	0.0
3.	0.0	0.0	←	L onto East Montcalm Street	0.1
4.	0.1	0.1	←	L onto Woodward Avenue, M 1	0.6
5.	0.7	0.6	→	R onto W Fort Street	1.2
6.	1.9	1.2	→	R onto Rosa Parks Boulevard	0.4

1.9 miles. +10/-21 feet

Num	Dist	Prev	Type	Note	Next
12.	7.0	0.3	←	L onto Amazon Avenue	0.2
13.	7.2	0.2	←	L onto Lapeer Street	0.3
14.	7.5	0.3	⚓	Rest Stop A Rest Stop A	0.1
15.	7.6	0.1	→	R onto Wyoming Street	0.3
16.	7.9	0.3	←	L onto Eagle Street	0.0
17.	7.9	0.0	←	Slight L onto Eagle Pass	0.2

1.3 miles. +7/-6 feet

Num	Dist	Prev	Type	Note	Next
7.	2.3	0.4	←	L onto Bagley Street	0.6
8.	3.0	0.6	→	R onto 21st Street	0.1
9.	3.1	0.1	←	L onto West Vernor Highway	1.9
10.	5.0	1.9	←	Slight L onto West Vernor Highway	1.7
11.	6.6	1.7	→	R onto Dix Avenue	0.3

4.7 miles. +22/-34 feet

Num	Dist	Prev	Type	Note	Next
18.	8.1	0.2	→	R onto Miller Road	1.0
19.	9.1	1.0	←	Slight L onto Oakman Boulevard	0.2
20.	9.3	0.2	→	Sharp R onto Michigan Avenue, US 12	3.9
21.	13.1	3.9	←	Sharp L onto West Grand Boulevard	0.2

5.2 miles. +30/-17 feet

Num	Dist	Prev	Type	Note	Next
22.	13.3	0.2	→	R onto Martin Luther King Junior Boulevard	2.3
23.	15.6	2.3	↑	Continue onto Mack Avenue	2.5
24.	18.1	2.5	→	R onto East Grand Boulevard	1.4
25.	19.6	1.4	↑	Continue onto MacArthur Bridge	0.6

6.4 miles. +32/-40 feet

Num	Dist	Prev	Type	Note	Next
31.	24.4	1.8	↑	Continue onto MacArthur Bridge	0.5
32.	24.9	0.5	→	Slight R onto E Grand Blvd	0.9
33.	25.9	0.9	→	R onto East Vernor Highway	0.7
34.	26.5	0.7	→	R onto Iroquois Street	0.6
35.	27.1	0.6	→	R onto E Lafayette St	1.2

4.4 miles. +35/-25 feet

Num	Dist	Prev	Type	Note	Next
26.	20.2	0.6	←	Slight L onto Casino Way	0.1
27.	20.3	0.1	←	L onto Central Ave	0.1
28.	20.4	0.1	⚡	Rest Stop D Rest Stop D	1.9
29.	22.2	1.9	←	L onto Lakeside Drive	0.4
30.	22.6	0.4	↑	Continue on Riverbank Dr	1.8

3.1 miles. +11/-9 feet

Num	Dist	Prev	Type	Note	Next
36.	28.3	1.2	←	L onto Mount Elliott Street	0.2
37.	28.4	0.2	→	R onto East Larned Street	2.1
38.	30.5	2.1	→	R onto Woodward Avenue	0.0
39.	30.5	0.0	↑	Continue onto Woodward Avenue	0.1
40.	30.6	0.1	←	Slight L onto Woodward Avenue	0.0

3.5 miles. +15/-10 feet

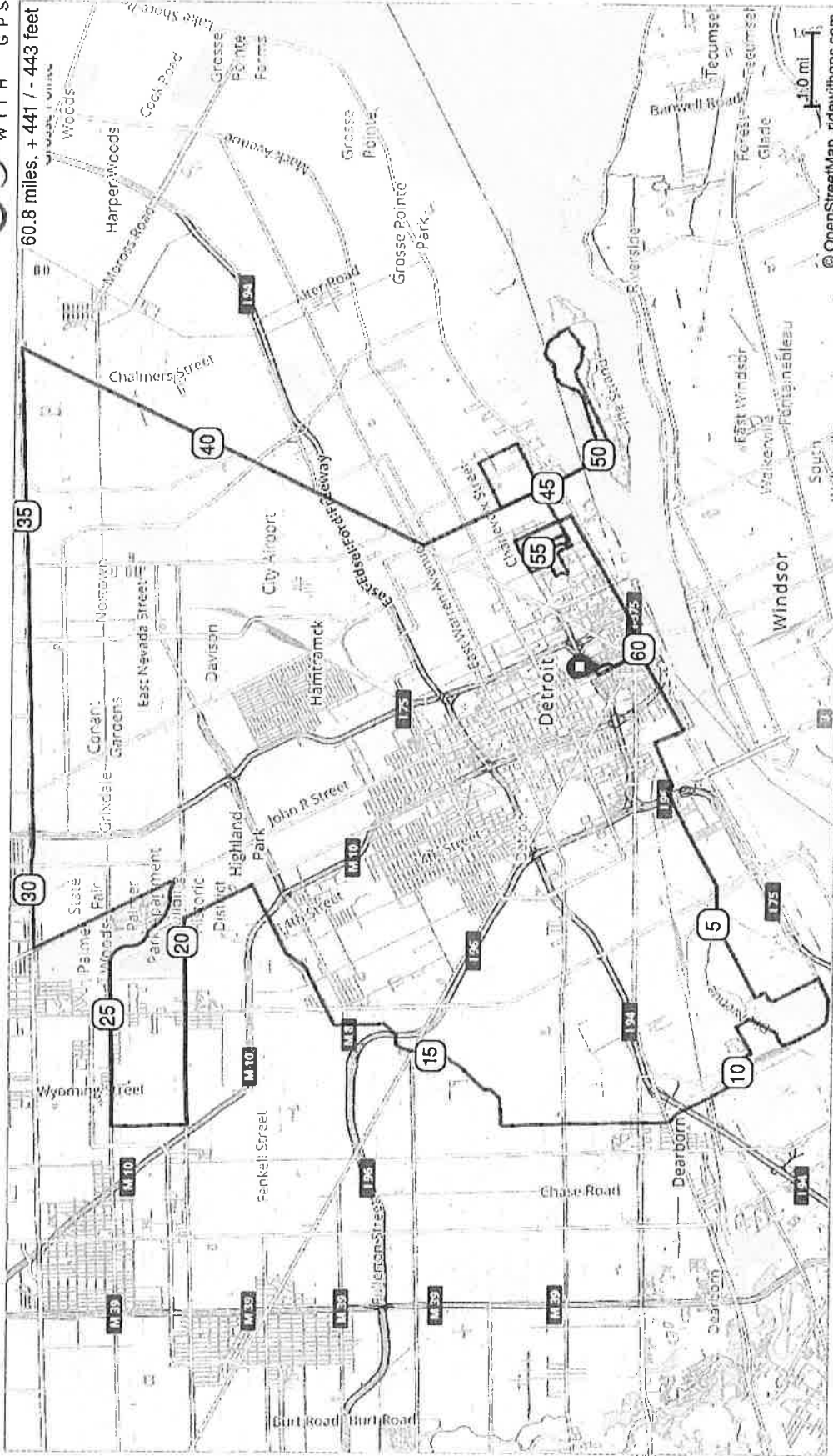
Num	Dist	Prev	Type	Note	Next
41.	30.7	0.0	↑	Continue onto Woodward Avenue	0.3
42.	31.0	0.3	→	R onto Withere II Street	0.2
43.	31.2	0.2	↑	Finish	0.0
44.	31.2	0.0	☒	End of route	0.0

0.6 miles. +4/-2 feet

61M TDC 2018



60.8 miles, + 441 / - 443 feet



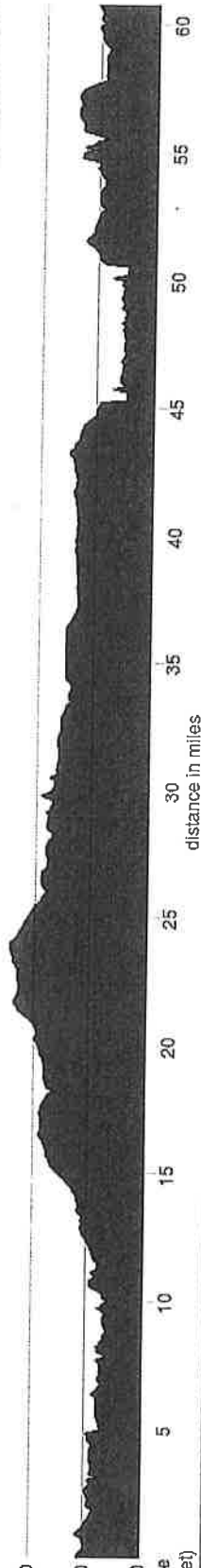
© OpenStreetMap, rdewithgps.com

650

600

550

ele (feet)



61M TDC 2018

Num	Dist	Prev	Type	Note	Next
1.	0.0	0.0	▢	Start of route	0.0
2.	0.0	0.0	↑	Start	0.0
3.	0.0	0.0	←	L onto E Montcalm St	0.1
4.	0.1	0.1	←	L onto Woodward Avenue, M 1	0.6
5.	0.7	0.6	→	Slight R onto Fort Street West	1.2
6.	1.9	1.2	→	R onto Rosa Parks Boulevard	0.4

1.9 miles. +10/-21 feet

Num	Dist	Prev	Type	Note	Next
12.	7.1	1.0	→	R onto Fort Street West, M 85	0.3
13.	7.4	0.3	→	Slight R onto Dearborn Street	0.3
14.	7.8	0.3	↑	Continue on Industrial St	0.6
15.	8.4	0.6	→	R onto Vernor Hwy	0.1
16.	8.6	0.1	→	Slight R onto Vernor Highway	0.0

2.4 miles. +13/-15 feet

Num	Dist	Prev	Type	Note	Next
7.	2.3	0.4	←	L onto Bagley Street	0.6
8.	3.0	0.6	→	R onto 21st Street	0.1
9.	3.1	0.1	←	L onto Vernor Hwy	1.9
10.	5.0	1.9	←	Slight L onto West Vernor Highway	1.2
11.	6.1	1.2	←	L onto Woodmere Street	1.0

4.2 miles. +22/-28 feet

Num	Dist	Prev	Type	Note	Next
17.	8.6	0.0	←	L onto Dix Avenue	0.4
18.	9.0	0.4	←	L onto Amazon Avenue	0.2
19.	9.2	0.2	←	L onto Lapeer Street	0.3
20.	9.5	0.3	⚡	Rest Stop A Rest Stop A	0.1
21.	9.6	0.1	→	R onto Wyoming Street	0.3
22.	9.9	0.3	←	L onto Eagle Street	0.0

1.3 miles. +11/-9 feet

Num	Dist	Prev	Type	Note	Next
23.	9.9	0.0	←	Slight L onto Eagle Pass	0.2
24.	10.1	0.2	→	R onto Miller Road	1.0
25.	11.1	1.0	←	Slight L onto Oakman Boulevard	2.8
26.	13.9	2.8	←	Slight L onto Oakman Boulevard	2.0

4.0 miles. +40/-15 feet

Num	Dist	Prev	Type	Note	Next
27.	15.9	2.0	←	Slight L onto Oakman Boulevard	2.9
28.	18.7	2.9	←	L onto Hamilton Avenue	1.0
29.	19.7	1.0	←	L onto West Nichols Road	2.7
30.	22.5	2.7	→	R onto Meyers Road	1.0
31.	23.5	1.0	→	R onto West 7 Mile Road	0.3

9.6 miles. +53/-21 feet

Num	Dist	Prev	Type	Note	Next
32.	23.8	0.3	⚓	Rest Stop B Rest Stop B	1.9
33.	25.7	1.9	→	Slight R onto Pontchartrain Boulevard	0.6
34.	26.3	0.6	←	Slight L onto Merrill Plaisance Street	0.8
35.	27.1	0.8	←	L onto Woodward Ave, M 1	1.8

3.7 miles. +4/-38 feet

Num	Dist	Prev	Type	Note	Next
36.	29.0	1.8	→	Slight R onto E M 1 Svc Rd	0.2
37.	29.2	0.2	→	Sharp R onto 8 Mile Service Rd	0.2
38.	29.4	0.2	↑	Continue on Eight Mile Rd, M 102	0.2
39.	29.6	0.2	↑	Continue onto 8 Mile Road West, M 102	3.0

2.5 miles. +1/-5 feet

Num	Dist	Prev	Type	Note	Next
40.	32.6	3.0	⚓	Rest Stop C Rest Stop C	4.6
41.	37.2	4.6	➔	Sharp R onto Gratiot Avenue, M 3	5.9
42.	43.1	5.9	➔	Slight L onto East Grand Boulevard	2.1
43.	45.2	2.1	⬆	Continue on MacArthur Bridge	0.5

15.6 miles. +23/-55 feet

Num	Dist	Prev	Type	Note	Next
50.	48.4	0.5	⬆	Continue on Riverbank Dr	1.6
51.	50.1	1.6	⬆	Continue onto MacArthur Bridge	0.5
52.	50.6	0.5	➔	Slight R onto E Grand Blvd	0.9
53.	51.5	0.9	➔	R onto East Vernor Highway	0.7
54.	52.2	0.7	➔	R onto Iroquois Street	0.6

4.3 miles. +55/-28 feet

Num	Dist	Prev	Type	Note	Next
44.	45.7	0.5	➔	Slight R onto Sunset Dr	0.1
45.	45.8	0.1	➔	Slight L onto Casino Way	0.1
46.	46.0	0.1	➔	L onto Central Ave	0.1
47.	46.0	0.1	⚓	Rest Stop D Rest Stop D	1.0
48.	47.0	1.0	➔	Slight L onto Central Way	0.9
49.	47.9	0.9	➔	L onto Lakeside Dr	0.5

2.7 miles. +8/-21 feet

Num	Dist	Prev	Type	Note	Next
55.	52.8	0.6	➔	R onto East Lafayette Street	1.5
56.	54.3	1.5	➔	R onto Robert Bradby Drive	0.1
57.	54.4	0.1	➔	R into Elmwood Cemetery	0.0
58.	54.4	0.0	➔	R onto cemetery road	0.0
59.	54.5	0.0	➔	Sharp R	0.2
60.	54.7	0.2	➔	R	0.0
61.	54.7	0.0	➔	Sharp R	0.1

2.5 miles. +25/-7 feet

Num	Dist	Prev	Type	Note	Next
62.	54.8	0.1	➔	Slight R	0.0
63.	54.8	0.0	➔	Slight R	0.1
64.	54.9	0.1	➔	Slight L	0.1
65.	55.0	0.1	➔	L	0.2
66.	55.2	0.2	➔	Slight R	0.0
67.	55.2	0.0	➔	R	0.0
68.	55.2	0.0	➔	R	0.2
69.	55.4	0.2	➔	R	0.2
70.	55.6	0.2	➔	R	0.0
71.	55.6	0.0	➔	Slight R	0.0
72.	55.7	0.0	➔	R onto Robert Bradby Drive	0.5
73.	56.1	0.5	➔	R on Chene Street	0.2

1.4 miles. +33/-34 feet

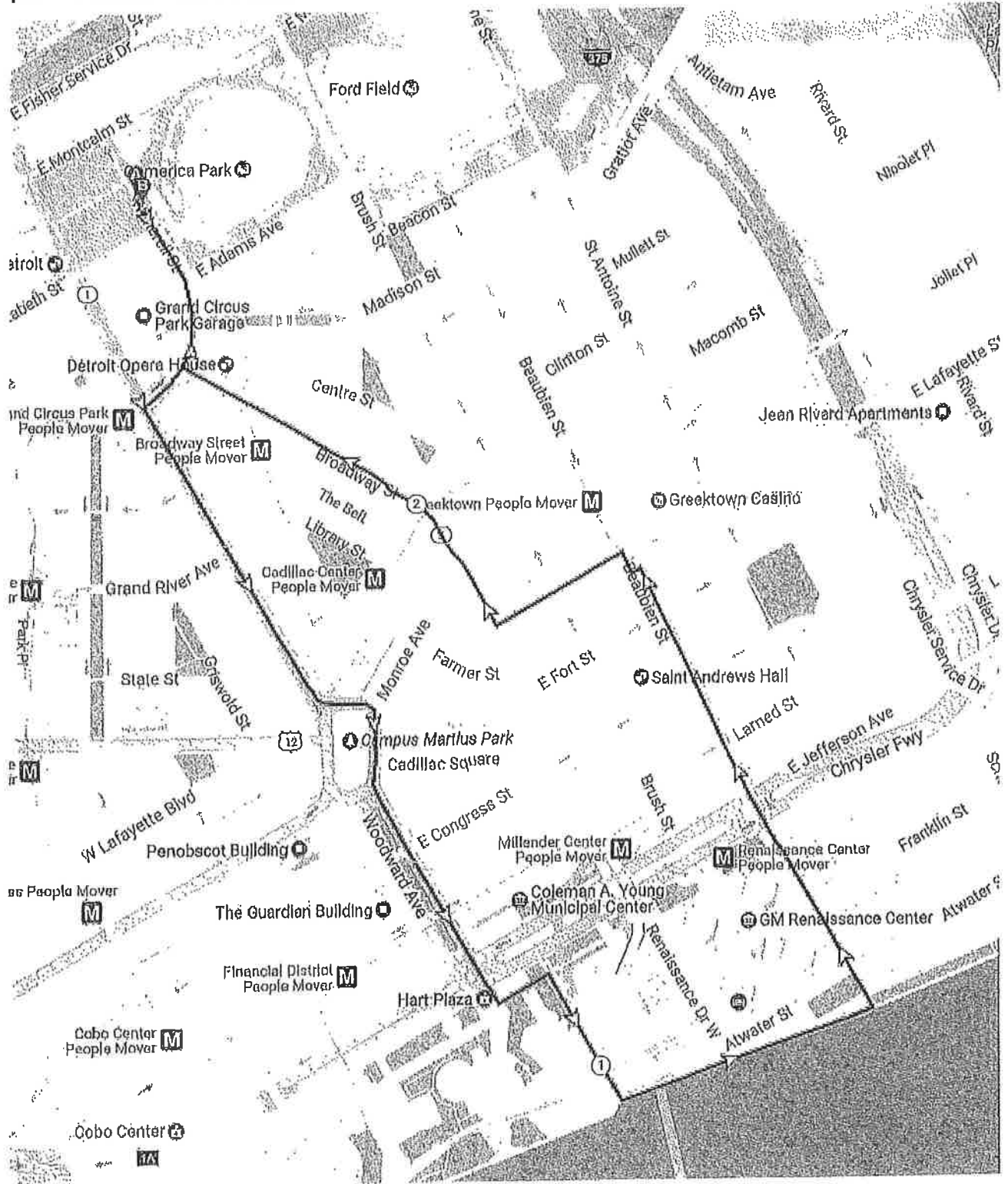
Num	Dist	Prev	Type	Note	Next
79.	60.2	0.1	➔	Slight L onto Woodward Avenue	0.0
80.	60.2	0.0	➔	Continue onto Woodward Avenue	0.3
81.	60.5	0.3	➔	R onto Withere II Street	0.2
82.	60.8	0.2	➔	Finish	0.0
83.	60.8	0.0	☒	End of route	0.0

0.7 miles. +5/-2 feet

Num	Dist	Prev	Type	Note	Next
74.	56.3	0.2	➔	R onto Prince Hall Drive	0.4
75.	56.7	0.4	➔	R onto East Vernor Highway	0.5
76.	57.2	0.5	➔	R onto Mount Elliott Street	0.8
77.	58.0	0.8	➔	R onto East Larned Street	2.0
78.	60.1	2.0	➔	R onto Woodward Avenue	0.1

3.9 miles. +17/-38 feet

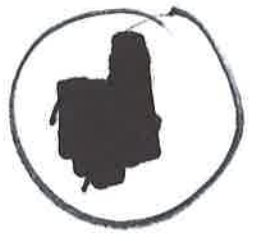
plotaroute.com - Detroit Long Route 2.4 Miles (2.394 miles)



No	Miles	Turn	Directions
1	0.000		Start near 2101-2199 Witherell St, Detroit, MI 48226, USA
2	0.000		Head southeast on Witherell St toward E Elizabeth St
3	0.134		Slight right to stay on Witherell St
4	0.174		Head southwest on Witherell St toward Woodward Ave
5	0.210	←	Turn left onto Woodward Ave
6	0.446		Head southeast on Woodward Ave toward State St
7	0.498		Slight left to stay on Woodward Ave
8	0.567	↗	Turn right to stay on Woodward Ave
9	0.845	↘	Head southeast
10	0.857	←	Turn left toward Bates St
11	0.906	→	Turn right onto Bates St
12	0.995		Head southeast on Bates St toward Atwater St
13	1.036	←	Turn left onto Detroit Riverwalk
14	1.059		Head east on Detroit Riverwalk
15	1.245		Head east on Detroit Riverwalk
16	1.272	←	Turn left onto Beaubien St
17	1.388		Head northwest on Beaubien St toward Interstate 375 Business (Spur)/E Jefferson Ave
18	1.576		Head northwest on Beaubien St toward E Congress St
19	1.712	↖	Turn left toward Beaubien St
20	1.721	→	Turn right onto Beaubien St
21	1.742	←	Turn left onto E Lafayette St
22	1.762		Head southwest on E Lafayette St toward Brush St
23	1.869	→	Turn right onto Randolph Street
24	1.891		Head northwest on Randolph Street toward Monroe Ave
25	1.997		Continue onto Broadway St
26	2.028		Slight right to stay on Broadway St
27	2.132		Head northwest on Broadway St toward John R St
28	2.243	→	Turn right onto Witherell St

AMENDED

5



MAYOR'S OFFICE COORDINATORS REPORT



OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 425 Event Name: The Great American Lobster Fest

Event Date : September 14 - 16, 2018

Street Closure: None

Organization Name: Detroit Special Events

Street Address: 815 Spartan Drive Rochester Hills, MI 48309

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input checked="" type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Festival celebrating Lobster Foods at Hart Plaza from 12:00pm - 11:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

CITY CLERK 12 JUL 2018 PM 2:49

ENTERED JUL 19 2018 MTUB (RCL 210)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages, Propane & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
Date: 2018.07.11 14:12:54 -04'00'

Date: **July 11, 2018**

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, June 29, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT PLANNING AND DEVELOPMENT DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT

425 *Detroit Special Events, request to hold "The Great American Lobster Fest" at Hart Plaza on September 14 - 16, 2018 from 12:00 PM to 11 :00 PM each day, and set up to begin 9-13-18 and tear down to end 9-17-18.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: The Great American Lobster Fest

Event Location: Hart Plaza

Is this going to be an annual event? Yes

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Special Events

Organization Mailing Address: 815 Spartan Drive, Rochester Hills, MI 48309

Business Phone: 312-286-2479

Business Website: www.americanlobsterfest.com

Applicant Name: Jim Rafferty

Business Phone: 312-286-2479 Cell Phone: 312-286-2479 Email: jim@greencurtainevents.com

Event On-Site Contact Person:

Jim Rafferty – all info same as above

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Please provide a brief description of your event:

Festival celebrating all things Lobster.

What are the projected set-up, event and tear down dates and times (must be completed)? Set up Thursday September 13. Event Friday Sept 14-Sunday Sept 16. Teardown complete by EOD Monday Sept 17.

Begin Set-up Date : 9-13-2018 Time: 9am Complete Set-up Date: 9-14-2018 Time: Noon

Event Start Date: 9-14-18 Time: Noon Event End Date: 9-16-2018 Time: 10pm

Begin Tearing Down Date: 9-16-18 10pm Complete Tear Down Date: 9-17-18 5pm

Event Times (If more than one day, give times for each day):

Noon-11pm each day (10pm on Sunday)

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (circle):
Facility

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: Cover bands. Designed to be fun, background music

throughout the day.

Will a sound system be used? Yes

If yes, what type of sound system? Basic production set up.

Describe specific power needs for entertainment and/or music: Single generator can run the entire stage.

How many generators will be used? 1

How will the generators be fueled? _____

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? **Yes**

If yes, please describe: Online at www.americanlobsterfest.com. Pre-sale is for Lobster meals.

Will there be on-site ticket sales? **Yes**

If yes, list price(s): \$5 - \$85

Will there be vending or sales? **Yes**

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold: Lobster, other seafood, other land food, local merchants, local artists, beer, wine, spirits.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: TBD

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed Armed Bonded

How will you advise attendees of parking options? Through website and advance emails to all ticketholders.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
Really shouldn't. Hart plaza is set up to accommodate our patrons.

Have local neighborhood groups/businesses approved your event? No

Indicate what steps you have or will take to notify them of your event:

We will reach out to the local chambers, residence & merchant associations.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth - TBD		
Tents (enclosed on 3 sides)	_____	_____
Canopy (open on all sides)	_____	_____
Staging/Scaffolding	_____	_____
Bleachers	_____	_____

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: TBD (most likely HART Medical)

Address:

City/State/Zip:

Name of company providing port-a-johns. TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? TBD – Potentially Ocean Prime

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor’s designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date: *James M Rafferty* (e-signature) 4-22-2018

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney’s fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: _____ **Event Date:** The Great American Lobster Fest – Sept 14-16, 2018

Event Organizer: Jim Rafferty

Applicant Signature: _____ **Date:** James M Rafferty (e-signature) 4/2/2018

2018-06-29

425

425 *Petition of Detroit Special Events, request to hold "The Great American Lobster Fest" at Hart Plaza on September 14 - 16, 2018 from 12:00 PM to 11 :00 PM each day, and set up to begin 9-13-18 and tear down to end 9-17-18.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- MAYOR'S OFFICE
- DPW - CITY ENGINEERING DIVISION
- POLICE DEPARTMENT
- PLANNING AND DEVELOPMENT DEPARTMENT
- FIRE DEPARTMENT
- BUSINESS LICENSE CENTER
- TRANSPORTATION DEPARTMENT





MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 443 Event Name: In the Cut 5K Run/Walk

Event Date: September 8, 2018

Street Closure: None

Organization Name: Omega Psi Phi Fraternity, Inc.

Street Address: P.O. Box 87878 Canton, MI 48187

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon
- Carnival/Circus
- Concert/Performance
- Run/Marathon
- Bike Race
- Religious Ceremony
- Political Ceremony
- Festival
- Filming
- Parade
- Sports/Recreation
- Rally/Demonstration
- Fireworks
- Convention/Conference
- Other: _____
- 24-Hour Liquor License

Petition Communications (include date/time)

Annual 5K Walk & Run from Chene Park through the Dequindre Cut from 9:00am - 12:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

CITY CLERK 12 JUL 2018 PM 2:49

ENTERED JUL 19 2018 MTNB (RCL 210)

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.12 12:34:35 -04'00'

Date: **July 12, 2018**

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, July 13, 2018

To: *The Department or Commission Listed Below*

From: *Janice M. Winfrey, Detroit City Clerk*

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

443 *Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter, request to hold "In the Cut 5k Fun Run/Walk" at Chene Park (Atwater - Dequindre Cut) 9/8/2018 from 9:00 AM to Noon, Set-Up at 6:00 AM and tear-down at Noon, with street closures at Atwater between Chene and Riopelle beginning at 6:00 AM through Noon.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: In the Cut 5k Fun Run / Walk

Event Location: Chene Park (Atwater through the Dequindre Cut)

Is this going to be an annual event? Yes No Last Date: 8/26/17 - Previous : 2013, 2014, 2015, 2016, 2017

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter

Organization Mailing Address: P.O. Box 87878, Canton, MI 48187

Business Phone: 248-274-6270

Business Website: Inthecut5k.com

Applicant Name: Marquis Sagnia

Business Phone: Cell Phone: 248-910-1603 Email: ysagnia@yahoo.com

Event On-Site Contact Person:

Name: Marquis Sagnia

Business Phone: Cell Phone: 248-910-1603 Email: ysagnia@yahoo.com

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Please provide a brief description of your event:

Fun run/ walk 3.1 miles, from Chene Park, through Dequindre Cut and back.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/8/18 Time: 6:00 am Complete Set-up Date: 9/8/18 Time: 7:00 am

Event Start Date: 9/8/18 Time: 9:00 am Event End Date: 9/8/18 Time: 12 Noon

Begin Tearing Down Date: 9/8/18 Complete Tear Down Date: 9/8/18 - Noon

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Chene park start, down atwater, through dequindre cut

Facilities to be used (circle): Street Sidewalk Park City _____
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Attached.
- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:
N/A

Will a sound system be used? Yes No

If yes, what type of sound system? Speakers, Turntable and AMP

Describe specific power needs for entertainment and/or music:
A DJ will be setup to play background music and make announcements.

How many generators will be used? 1

How will the generators be fueled? Gasoline

Name of vendor providing generators:

Contact Person: Personal.

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe: Individuals will pre-register at inthecut5k.com

Will there be on-site ticket sales? Yes No
If yes, list price(s): Individuals will register on site \$35

Will there be vending or sales? Yes No
If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Stratus Security Management (Brandon Pierce)

Address: 19804 Fitzpatrick Ave

Phone: 313-837-7000

City/State/Zip: Detroit, MI 48228

Number of Private Security Personnel Hired Per Shift: 3

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Event will take place outside, directional signage will be posted. Email notification will be sent to pre-registrants.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Non-Residential Area

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Chene Park is donating the space.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	<u>5</u>	<u>10 x 10 Canopy</u>
Canopy (open on all sides)	<u> </u>	<u> </u>
Staging/Scaffolding	<u> </u>	<u> </u>
Bleachers	<u> </u>	<u> </u>

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS Medical Services, PLLC - Karen Baer

Address: 220 Bagley Suite 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns.

Contact Person: Scotty's Potties

Address: N/A

Phone: 734-421-1400

City/State/Zip:

Name of private catering company? N/A

Contact Person: N/A

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Atwater

FROM: Chene **TO:** Riopelle

CLOSURE DATES: 9/8/2018 **BEG TIME:** 6:00 am **END TIME:** 12:00 Noon

REOPEN DATE: 9/8/2018 **TIME:** 12:00 Noon

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

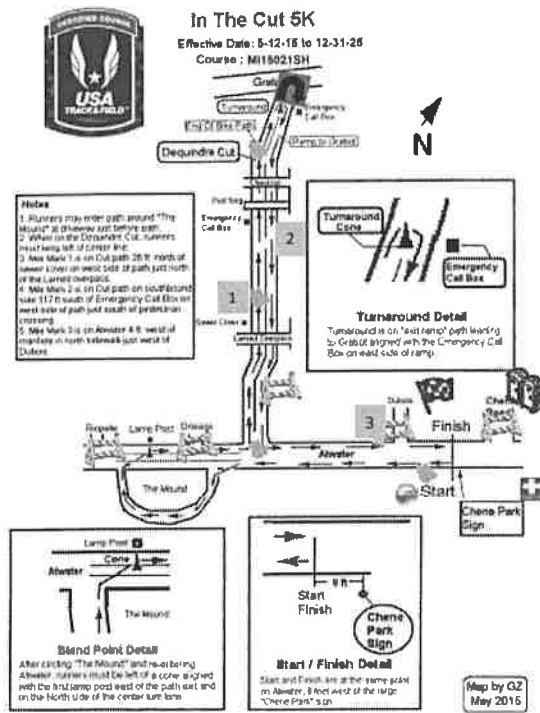
CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE** Attached.
- 2) **EMERGENCY MEDICAL AGREEMENT** Attached.
- 3) **SANITATION AGREEMENT** N/A
- 4) **PORT-A-JOHN AGREEMENT** Attached.
- 5) **COMMUNITY COMMUNICATION** | N/A

Map/setup below.



Streets will need to be blocked off accordingly

1. On Atwater at Riopelle preventing traffic from entering Atwater
2. On Orleans at Atwater preventing traffic from entering Atwater
3. On DuBois at Atwater preventing traffic from entering Atwater
4. On Chene at Atwater preventing traffic from entering Atwater
5. On Atwater at Chene preventing traffic from entering Atwater
6. On WoodBridge at the Dequindre Cut
7. On Franklin at the Dequindre Cut

Mile Markers



AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Afargus D. Jaganis
Signature of Applicant

6/15/2018

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: In the Cut 5k Event Date: 9/8/2018

Event Organizer: Rho Mu Nu Chapter, an unincorporated chapter of the Omega Psi Phi

Applicant Signature: *Afargus D. Jaganis* *Keth Calen* Date: 6/15/2018



To: Marquis Sagnia, Omega Psi Phi

Date: March 13, 2018

Subject: In the Cut 5K (2)

The Detroit RiverFront Conservancy approved The In the Cut 5K event on the Detroit Riverfront on September 8, 2018.

Please contact me should you have any questions.

Sincerely,

Anthony Casasanta
1340 E. Atwater St.
Detroit, MI. 48207
313 656-2275



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/25/2018

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED The Like Minds Foundation / Omega Psi Ph Marquis Sagnia PO Box 87878 Canton, MI 48187	INSURER A: Evanston Insurance Company	35378
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> Retail Liquor Liability	3DS5466-M1479327	09/08/2018	09/09/2018	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE	\$ 1,000,000
			3DS5466-M1479327	09/08/2018	09/09/2018	MED EXP (Any one person)	\$ 5,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
						WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.
 Attendance: 750, Event Type: 5 K Run.

CERTIFICATE HOLDER

1. Detroit RiverFront Conservancy
 2. Detroit/Wayne County Port Authority
 3. Roberts Hotels Detroit, LLC
 4. Jefferson Acquisitions, LLC
 5. Bloomfield Farms - Talon Centre, LL
- 600 Renaissance Center
 Canton, MI 48187

List Schedule A

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	
1. Detroit RiverFront Conservancy	15. Riverfront Holdings Phase II, Inc
2. Detroit/Wayne County Port Authority	16. The Right Productions
3. Roberts Hotels Detroit, LLC	17. Chene Park
4. Jefferson Acquisitions, LLC	
5. Bloomfield Farms – Talon Centre, LLC	
6. C. Penfield Stroh, Frances R. Stroh and James L. Hughes, Successor Trustees for the Irrevocable Trust f/b/o the Stroh Family Fifth Generation u/a dated August 10, 1983; Stroh Companies, Inc., Stroh Properties, Inc., MG-LXV Associates Ltd. Partnership	
7. The Stroh Companies, Inc.	
8. City of Detroit	
9. UAW-GM Center for Human Resources	
10. General Motors Corporation	
11. CBRE	
12. LMC Resources Capital Limited Partnership	
13. RenCen Associates LLC	600 Renaissance Center, Suite 1720, Detroit, MI 48243
14. Riverfront Holdings, Inc.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

From: scott@scottspotties.net
To: YSAGNIA@YAHOO.COM
Subject: Scottys Potties Customer Receipt/Purchase Confirmation
Date: Thu, 28 May 2018 15:11:34 +0000

Thank you for your order!

Order Information

Merchant: Scottys Potties
Invoice Number: A-91959
Customer ID: 8022

Billing Information

MARQUIS SAGNIA
MARQUIS SAGNIA
PO BOX 87878
CANTON, MI 48187
YSAGNIA@YAHOO.COM
2489101603

Shipping Information

Chene Park Drop Off. Near Ticket Booth.
IntheCut5k.com
Date: 9/8/2018
Contact: M. Sagnia (248) 910-1603

Total: US \$190.00

Visa

Date/Time: 28-May-2018 11:11:33 EDT
Transaction ID: 6450918365

2018-07-12

443

443 *Petition of Omega Psi Phi Fraternity, Inc. Rho Mu Nu Chapter, request to hold "In the Cut 5k Fun Run/Walk" at Chene Park (Atwater - Dequindre Cut) 9/8/2018 from 9:00 AM to Noon, Set-Up at 6:00 AM and tear-down at Noon, with street closures at Atwater between Chene and Riopelle beginning at 6:00 AM through Noon.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS
LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS
LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL





MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 444 Event Name: Head for the Cure 5K - Detroit

Event Date : September 15, 2018

Street Closure: None

Organization Name: Head for the Cure

Street Address: 1607 Oak Street

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License

Petition Communications (include date/time)

5K Run/Walk to raise awareness and fundraise Hermelin Brain Tumor Center on the Detroit Riverwalk from 8:00am - 10:00am.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

ENTERED JUL 19 2018 MTNB (RCL 210)

CITY CLERK 12 JUL 2018 PM 2:49

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: **Bethanie Fisher**

Digitally signed by Bethanie Fisher
 DN: cn=Bethanie Fisher, o=City of Detroit, ou=Special Events, email=fisherb@detroitmi.gov, c=US
 Date: 2018.07.12 13:15:06 -04'00'

Date: **July 12, 2018**

City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Vivian A. Hudson
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, July 12, 2018

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUILDINGS SAFETY ENGINEERING BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

444 *Head for The Cure, request to hold "Head for the Cure 5k - Detroit" at Rivard Plaza, on 9-15-18 from 8:00 AM to 10:00AM, Set-Up at 5:00 AM and Complete Tear down at 11:00 AM. Street closure on Detoit Riverwalk from 7:30 AM to 9:30 AM.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Head for the Cure 5K - Detroit

Event Location: Rivard Plaza

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Head for the Cure

Organization Mailing Address: 1107 oak street

Business Phone: (816) 218-1990 Business Website: headfortheure.org

Applicant Name: Kailyn Kordonowy

Business Phone: (816) 218-1990 Cell Phone: (913) 952-5583 Email: kailyn@headfortheure.org

Event On-Site Contact Person:

Name: Katie Survillo

Business Phone: _____ Cell Phone: (314) (081-911) 64 Email: katie@headfortheure.org

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>5K run/walk</u> |

Please provide a brief description of your event:

We are a non profit that raises funds and awareness for the brain tumor community. Our Detroit 5K benefits Hermelin Brain tumor Center.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/15/18 Time: 5:00am Complete Set-up Date: 9/15/18 Time: 8:00am

Event Start Date: 9/15/18 Time: 8:00am Event End Date: 9/15/18 Time: 10:00am

Begin Tearing Down Date: 9/15/18 Complete Tear Down Date: 9/15/18

Event Times (If more than one day, give times for each day):

total time - 5:00am - 11:00am

Section 3- LOCATION/SITE INFORMATION

Location of Event: Rivard Plaza

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

ipod for music

Will a sound system be used? Yes No

If yes, what type of sound system? 4 speakers and ipod

Describe specific power needs for entertainment and/or music:

How many generators will be used? 2

How will the generators be fueled? gas

Name of vendor providing generators:

Contact Person: Scott Chilcutt

Address: 411 E 135th St.

Phone: (816) 569-4508

City/State/Zip Kansas City, MO 64145

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No registration fees for 5K
If yes, please describe:

Will there be on-site ticket sales? Yes No Kids - \$15 Adults - \$40
If yes, list price(s):

Will there be vending or sales? Yes No
If yes, check all that apply:

- Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Head for the cure branded clothing

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

- Licensed Armed Bonded

How will you advise attendees of parking options?

Through email and website

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

NONE

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Detroit Riverfront Conservancy has approved our event

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	10	10x10 pop up tent
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	0	
Staging/Scaffolding	1	4 ft x 8 ft x 2 ft
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person:

N/A

Address:

City/State/Zip:

Name of company providing port-a-johns.

TBD

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company?

N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Detroit Riverwalk

FROM: _____ TO: _____

CLOSURE DATES: 9/15/18 BEG TIME: 7:30 am END TIME: 9:30 am

REOPEN DATE: 9/15/18 TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

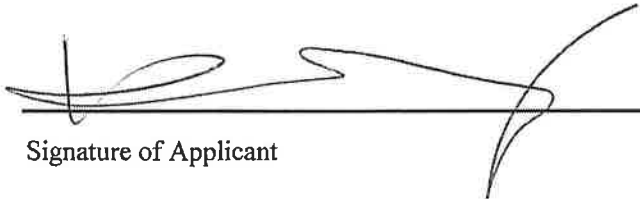
REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

 _____
Signature of Applicant

7/10/18
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

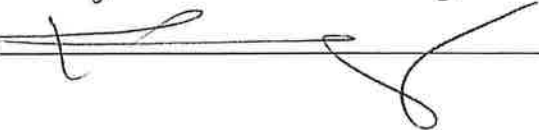
The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Head for the Cure 5K- Detroit Event Date: 9/15/18

Event Organizer: Kailyn Kordonowicz

Applicant Signature:  _____ Date: 7/10/18



OFFICE OF CONTRACTING AND
PROCUREMENT

MO
[Redacted]
9
11

July 12, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

2859838 100% City Funding – AMEND 2 – To Provide a 90 Day Extension for EMS Billing Services. – Contractor: AccuMed Billing, Inc. – Location: P.O. Box 2122, Riverview MI, 48193 – Contract Period: Upon City Council Approval through October 23, 2018 – Contract Increase: \$375,000.00 – Total Contract Amount: \$8,791,200.00. **FIRE**

This Contract Amendment is for time and funding.

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **BENSON** _____

RESOLVED, that Contract No. 2859838 referred to in the foregoing communication dated July 12, 2018 be hereby and is approved.

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (JA;RM)

MO

OFFICE OF CONTRACTING AND
PROCUREMENT



12

July 12, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

3025636 100% City Funding – To Provide Residential Demolition of 13 Properties for 5.17.18 Group B – Contractor: DMC Consultants, INC – Location: 13500 Foley, Detroit, MI 48227 – Contract Period: July 31, 2018 through July 30, 2019 – Total Contract Amount: \$313,044.95. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER BENSON

RESOLVED, that Contract No. 3025636 referred to in the foregoing communication dated July 12, 2018 be hereby and is approved.

ENTERED JUL 23 2018 M.T. Formal tender NB (RM) 2-0 (JA;RM)

OFFICE OF CONTRACTING AND
PROCUREMENT

M0
15
17

July 12, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

3025695 100% City Funding – To Provide Residential Demolition of 24 Properties for 5.17.18 Group A – Contractor: DMC Consultants, INC – Location: 13500 Foley, Detroit, MI 48227 – Contract Period: August 1, 2018 through July 31, 2019 – Total Contract Amount: \$604,880.45. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **BENSON**

RESOLVED, that Contract No. 3025695 referred to in the foregoing communication dated July 12, 2018 be hereby and is approved.

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (JA; RM)

OFFICE OF CONTRACTING AND
PROCUREMENT

~~16~~ MO
18

July 12, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

3025696 100% City Funding – To Provide Residential Demolition of 48 Properties for 5.31.18 Demo Only – Contractor: DMC Consultants, INC – Location: 13500 Foley, Detroit, MI 48227 – Contract Period: August 1, 2018 through July 31, 2019 – Total Contract Amount: \$713,859.05. **HOUSING AND REVITALIZATION**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **BENSON** _____

RESOLVED, that Contract No. 3025696 referred to in the foregoing communication dated July 12, 2018 be hereby and is approved.

ENTERED JUL 23 2018 M. T. Formal under NB (RM) 2-0 (JA; RM)

OFFICE OF CONTRACTING AND
PROCUREMENT

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19

July 12, 2018

HONORABLE CITY COUNCIL:

The Office of Contracting and Procurement recommends a Contract with the following firm(s) or person(s):

6001447 100% City Funding – To Provide Administration Functions and Execution of a Public Arts Program. – Contractor: 1xRun LLC – Location: 2905 Beaufait, Detroit MI, 48207 – Contract Period: Upon City Council Approval through May 29, 2020 – Total Contract Amount: \$200,000.00. **GENERAL SERVICE DEPARTMENT**

This Contract Amendment is for time and funding.

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER _____ **SHEFFIELD** _____

RESOLVED, that Contract No. 6001447 referred to in the foregoing communication dated July 12, 2018 be hereby and is approved.

ENTERED JUL 19 2018 MTHB (RCL 210)

20

FORMAL SESSION (NEW BUSINESS) - TUESDAY, JULY 24, 2018

UNFINISHED BUSINESS/LAW DEPARTMENT

Ayers, Proposed Ordinance to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*; Article VI, *Rodent and Pest Control*, by amending Division 3, *Bed Bugs*, by adding Section 24-6-32 through 24-6-38, to set forth definitions; to establish the responsibility of landlords and tenants in the case of a bed bug infestation; to address the cost of controlling an infestation; to establish protocols for the disposal of infested materials; to require informational materials be provided to tenants on the best practices to handle and prevent a bed bug infestation; and, to provide penalties for failure to comply with this ordinance.
INTRODUCE.

ROLL CALL

Ayers, resolution setting public hearing for _____ at _____ A.M. on foregoing ordinance amendment.



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV

34
16

May 8, 2018

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Amendment To Chapter 24, *Health and Sanitation*, Article VI, *Rodents and Pest Control*, Division 3, *Bed Bugs* by adding Sections 24-6-32 through 24-6-38.

Honorable City Council:

The Law Department has prepared a proposed ordinance which addresses bed bug infestations in rental units in the City of Detroit. This local law will be amending Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*, Article VI, *Rodents and Pest Control*, and amending Division 3, *Bed Bugs*, by adding Sections 24-6-32, through 24-6-38. The purpose of the ordinance is to implement a protocol for bed bug infestations, establish landlord and tenant duties, methods to control an infestation, how to properly dispose of infested property, provide access to informational materials for tenants to prevent a bed bug infestation and lastly, to set forth penalties for violations of this ordinance. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

Respectfully Submitted,

Mary Parisien

Mary Parisien Esq.
City of Detroit
Municipal Law Section

ENTERED MAY 21 2018

CITY CLERK 2018 MPTG FMS/016

BB - 64-18 to set a Discussion @ 10:36 AM
JA (3:0)

Introduced
7/24/18
(mgw)

1 BY COUNCIL MEMBER _____ :

2 AN ORDINANCE to amend Chapter 24 of the 1984 Detroit City Code, *Health and*
3 *Sanitation*; Article VI , *Rodent and Pest Control*, by amending Division 3, *Bed Bugs*, by adding
4 Section 24-6-32, *Definitions*, to set forth definitions; Section 24-6-33, *Landlord Duties*, to
5 establish the responsibilities of landlords; Section 24-6-34, *Occupant Duties*, to establish the
6 responsibilities of occupants; Section 24-6-35, *Cost to control infestation*, to address the cost of
7 controlling an infestation; Section 24-6-36, *Disposal of furnishings, bedding, clothing or other*
8 *materials infested with bed bugs*, to establish protocols for the disposal of infested materials;
9 Section 24-6-37, *Education*, to require informational materials be provided to occupants on the
10 best practices to handle and prevent a bed bug infestation; and Section 24-6-38, *Violation*, to
11 provide penalties for failure to comply with this ordinance.

12 **IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:**

13 **Section 1.** Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*; Article VI,
14 *Rodent and Pest Control*, by amending Division 3, *Bed Bugs*, by adding Sections 24-6-32 through
15 24-6-38, to read as follows:

16 **CHAPTER 24. HEALTH AND SANITATION**

17 **ARTICLE VI. RODENT AND PEST CONTROL**

18 **~~DIVISION 3. RESERVED~~**

19 **DIVISION 3. BED BUGS**

20 ~~Sec. 24-6-32 – 24-6-39. Reserved. Repealed.~~

21 **Sec. 24-6-32. Definitions.**

22 For the purpose of this division, the following words and phrases shall have the meanings
23 respectively ascribed to them by this section:

24 Bed bug means any stage and species of the insect Cimex.

1 Bedding or bedding materials shall mean any mattress, mattress-type pad, box spring,
2 upholstered spring bed, upholstered furniture, day bed, davenport, couch, reclining chair, sleeping
3 bag, packaged filling material, pillow, quilt, mattress protector pad, comforter, cushion or quilted
4 bedspread that contains filling material concealed by fabric or other flexible material, or any article
5 used or intended for use for sleeping or reclining purposes.

6 Control or controlling means hiring a professional service to inspect, clean, conduct
7 thermal remediation, eradicate, properly dispose of property, and conduct treatments.

8 Infestation or infested means the presence of live bed bugs or viable bed bug eggs.

9 Landlord means any of the following:

10 (1) The owner, lessor, or sub lessor of the rental property.

11 (2) A person authorized to exercise any aspect of the management of a rental property
12 including a person who, directly or indirectly, acts as a rental agent or receives rent,
13 other than as a bona fide purchaser, whether or not that person has an obligation to
14 deliver the rent payments to another person.

15 Occupant means any individual, including a tenant, whom is living or sleeping in a building
16 or structure, or having possession of a space within a building or structure.

17 Pest Management Professional means a commercial applicator as defined in Section 8302
18 of the Natural Resources and Environmental Protection Act, MCL 324.8301, who is licensed under
19 Section 8313 of that act.

20 Rental Agreement means an agreement that establishes, extends or modifies the terms,
21 conditions, or other provisions concerning the use and occupancy of a rental property.

22 Rental Property means space utilized for residential, commercial or industrial purposes.

23 Senior Living Community means a residential community or housing complex designed for
24 adults age 55 and older.

1 Treatment means a licensed pest management professional, as defined in this section,
2 applying pesticides or other chemicals, thermal radiation, or other methods common to the pest
3 management industry, to eradicate bed bugs.

4 **Sec. 24-6 – 33. Landlord Duties.**

5 (a) A landlord shall not enter into a rental agreement with the occupant if the landlord
6 knows or has reason to know that the rental property is infested with bed bugs.

7 (b) A landlord shall be responsible for all of the following:

8 (1) Having a licensed pest management professional, as defined in Section 24-6-32 of
9 this division, inspect a rental property for bed bugs prior to leasing, or renting it to
10 others.

11 (2) Provide proof to the occupant, prior to or upon signing the lease agreement of the
12 rental property, that the property was inspected by a licensed pest management
13 professional and is bed bug free.

14 (3) Providing informational material to the occupant regarding bed bug prevention
15 from the State of Michigan website, or the City of Detroit’s website, or any other
16 informational forum.

17 (4) Within 7 days after receiving written or electronic notice from an occupant, or other
18 reliable source of a suspected infestation in the occupant’s rental property, the
19 landlord shall order an inspection of the rental property for bed bugs by a pest
20 management professional. If an infestation of a rental property is confirmed, the
21 landlord shall immediately order an inspection of any adjoining or adjacent rental
22 units to the infested property;

1 (5) Within 7 days after an infestation of a rental property is confirmed, the landlord
2 shall begin control. If treatment is necessary, the landlord shall employ a pest
3 management professional to eradicate the bed bugs;

4 (6) Maintaining a record of the pest control measures performed by the pest
5 management professional on the rental property and shall comply with the
6 following:

7 a. The record shall include reports and receipts prepared by the pest
8 management professional;

9 b. A log of all infestation reports made by occupants;

10 c. The record shall be maintained for 3 years; and

11 d. The record shall be readily available for inspection by the City of Detroit
12 Buildings, Safety, Engineering and Environmental Department and the City
13 of Detroit Health Department;

14 (7) Providing notice to all occupants of the rental property if the property has multiple
15 occupants, of when an infestation has occurred or is taking place and shall provide
16 a reminder to occupants of the proper procedures to prevent the spreading of bed
17 bugs; that some rental units on the property may be inspected; and if they suspect
18 their rental unit may be infested to contact the landlord in writing; and

19 (8) With exception to subsection a., the landlord shall remove any items or materials
20 the occupant has placed in a sealed plastic bag and properly labeled for disposal,
21 immediately from the premises, in accordance with Section 24-6-36 of this
22 ordinance.

1 a. Occupants of a single family residence shall be responsible for removing
2 any infested items or materials and disposing of them in accordance with
3 section 24-6-36 of this division.

4 (c) Pursuant to MCL 600.5720, a landlord shall not retaliate against an occupant
5 because the occupant has in good faith reported a suspected bed bug infestation.

6 **Sec. 24-6 –34. Occupant Duties.**

7 (a) An occupant shall do all of the following:

8 (1) Maintain the rental property free from bed bugs;

9 (2) Not knowingly move items that are infested with bed bugs into a rental property;

10 (3) Notify the landlord in writing, or by electronic means within two days if the
11 occupant suspects the rental property is infested;

12 (4) Grant reasonable access of the rental property to the landlord and the landlord's
13 pest management professional for inspection, control and treatment;

14 (5) Comply with the control protocol established by the landlord or the landlord's pest
15 management professional; and

16 (6) Remove any personal property from the premises that the pest management
17 professional has determined cannot be treated or cleaned before the treatment of
18 the occupant's rental property to prevent the spread of bed bugs.

19 **Sec. 24-6 –35. Cost to Control Infestation.**

20 (a) With exception to subsection (b) of this section, if an occupant or the occupant's
21 guest causes an infestation, the occupant shall pay the cost of control and treatment by a licensed
22 pest management professional hired by the landlord for the occupant's rental property and other
23 areas where bed bugs have spread.

1 (b) An owner or operator of a senior living community, as defined in section 24-6-32
2 of this division, shall be responsible for the cost of any inspections and necessary treatments of
3 bed bugs by a licensed pest management professional.

4 **Sec. 24-6 –36. Disposal of furnishings, bedding, clothing or other materials infested with bed**
5 **bugs.**

6 (a) No person shall place, discard or dispose of any bedding, clothing or other materials
7 infested with bed bugs on the public way right of way, except when such bedding, clothing or other
8 material is placed in or near the person’s trash or dumpster for pick-up and is totally enclosed in a
9 plastic bag and labeled as being infested with bed bugs. If the infested material is too large to
10 enclose in a plastic bag, it must be wrapped in plastic and a label shall be affixed to the infested
11 item indicating that it is infested.

12 (1) All items infested with bed bugs shall be bagged, sealed and labeled in the infested
13 room prior to moving the items out of the premises for disposal.

14 (b) Except with respect to occupants of a single family residence, as noted in section
15 24-6-33 (8)(a) of this division; the landlord shall collect the infested items and materials, properly
16 labeled and sealed by the occupant, and dispose of them immediately from the premises.

17 (c) No furnishing, bedding, clothing or other material infested with bed bugs shall be
18 submitted for recycling or sold.

19 **Sec. 24-6 –37. Education.**

20 The City of Detroit’s Health Department website shall provide information containing, at
21 a minimum, the following:

22 (1) How to detect the presence of bed bugs;

23 (2) How to prevent the spread of bed bugs within and between buildings;

24 (3) Where and how to dispose of infested items; and

1 (4) Other informational resources available.

2 **Sec. 24-6 –38. Violation.**

3 (a) Any person convicted of violating any of the provisions of this division shall be
4 guilty of a misdemeanor and shall be punished by a fine not to exceed \$500.00 dollars, or by
5 imprisonment not to exceed 90 days, or both at the discretion of the court.

6 (b) Each day that a violation continues shall be considered a separate offense and may
7 be punished accordingly.

8 (c) The requirements set forth in Sections 9-1-353 and 9-1-545 of Chapter 9 of this
9 Code shall not apply to this division.

10 **Secs. 24 -6-39- 24-6-49. Reserved.**


1 **Section 2.** This ordinance is hereby declared necessary to preserve the public peace, health,
2 safety, and welfare of the People of the City of Detroit.

3 **Section 3.** All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

4 **Section 4.** The division added by this ordinance has been enacted as comprehensive local
5 legislation. It is intended to be the sole and exclusive law regarding its subject matter, subject to
6 provisions of state law.

7 **Section 5.** In the event this ordinance is passed by two-thirds (2/3) majority of City Council
8 Members serving, it shall be given immediate effect and become effective upon publication in
9 accordance with Section 4-118 of the 2012 Detroit City Charter. Where this ordinance is passed
10 by less than a two-thirds (2/3) majority of City Council Members serving, it shall become effective
11 on the thirtieth (30) day after enactment, or on the first business day thereafter, in accordance with
12 Section 4-118 of the 2012 Detroit City Charter.

Approved as to form:


Lawrence T. García
Corporation Counsel

RESOLUTION SETTING HEARING

21

By **Council Member Ayers:**

Resolved, That a public hearing will be held by this body on _____ at _____ A.M., in its Public Health and Safety Standing Committee, in City Council's Committee Room, 13th Floor, Coleman A. Young Municipal Center for the purpose of considering the advisability of adopting the foregoing an Proposed Ordinance to amend Chapter 24 of the 1984 Detroit City Code, *Health and Sanitation*; Article VI, *Rodent and Pest Control*, by amending Division 3, *Bed Bugs*, by adding Section 24-6-32 through 24-6-38, to set forth definitions; to establish the responsibility of landlords and tenants in the case of a bed bug infestation; to address the cost of controlling an infestation; to establish protocols for the disposal of infested materials; to require informational materials be provided to tenants on the best practices to handle and prevent a bed bug infestation; and, to provide penalties for failure to comply with this ordinance.

All interested persons are invited to be present to be heard as to their views.

**ADOPTED AS FOLLOWS
COUNCIL MEMBERS**

	YEAS	NAYS
Janee AYERS		
Scott BENSON		
Raquel CASTANEDA-LOPEZ		
Gabe LELAND		
Roy MCCALISTER, JR.		
*Mary SHEFFIELD		
Andre SPIVEY		
James TATE		
Brenda PRESIDENT JONES		
*PRESIDENT PRO TEM		

FORMAL SESSION (NEW BUSINESS) - TUESDAY, JULY 24, 2018

22

UNFINISHED BUSINESS/LAW DEPARTMENT

Ayers, Proposed Ordinance to amend Chapter 9 of the 1984 Detroit City Code, Buildings and Building Regulation; Article I, Detroit Property Maintenance Code, Division 4, Property Maintenance Requirements, Part III, Examination, by amending Section 9-1-353, Responsibility of single occupant; exception for defects in building or structure, and Section 9-1-354, Multiple occupancy; owner to post or distribute information concerning infestation and extermination; responsibility for extermination; remedy for uncooperative occupant; owner to provide documentation to Buildings, Safety Engineering, and Environmental concerning resolution of vermin complaints, to make an exception excluding bed bug infestations. INTRODUCE.

ROLL CALL

Ayers, resolution setting public hearing for _____ at _____ A.M. on foregoing ordinance amendment.

MO



CITY OF DETROIT
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 500
DETROIT, MICHIGAN 48226-3437
PHONE 313•224•4550
FAX 313•224•5505
WWW.DETROITMI.GOV



July 16, 2018

Detroit City Council
1340 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Re: Amendment To Chapter 9, Buildings and Building Regulations, Article I, Detroit Property Maintenance Code, Division 4, Property Maintenance Requirements, Part III, Examination, by amending Sections 9-1-353 and 9-1-354.

Honorable City Council:

The Law Department has prepared a proposed ordinance that includes two amendments to the 1984 Detroit City Code, Sections 9-1-353 and 9-1-354 of Chapter 9, *Buildings and Building Regulations*, Article I, *Detroit Property Maintenance Code*, Division 4, *Property Maintenance Requirements*, Part III, *Examination*. Specifically, Section 9-1-353, *Responsibility of Single occupant; exception for defects in building or structure*, is amended to include a provision that excludes Chapter 9 from applying to the bed bug ordinance in Chapter 24, *Health and Sanitation* of the Code. Additionally, to amend Section 9-1-354, *Multiple occupancy; owner to post or distribute information concerning infestation and extermination responsibility for extermination; remedy for uncooperative occupant; owner to provide documentation to Buildings, Safety Engineering and Environmental Department concerning resolution of vermin complaints*, to include a provision that makes an exception to exclude bed bug infestations. A copy of the ordinance, which has been approved as to form, is attached for your consideration.

I look forward to discussing this important legislation with this Honorable Body.

ENTERED JUL 23 2018 M.T. Formal under NB (RM) 2-0 (JA; RM)
Respectfully Submitted,

Mary Parisien
Assistant Corporation Counsel
City of Detroit Law Department
Municipal Section

CITY CLERK 2018 JUL 16 AM 10:52

Introduced
7/24/18
(mgw)

1 BY COUNCIL MEMBER _____:

2 AN ORDINANCE to amend Chapter 9 of the 1984 Detroit City Code, *Buildings and*
3 *Building Regulations*; Article I, *Detroit Property Maintenance Code*, Division 4, *Property*
4 *Maintenance Requirements*, Part III, *Examination*, by amending Section 9-1-353, *Responsibility*
5 *of single occupant; exception for defects in building or structure*, and Section 9-1-354, *Multiple*
6 *occupancy; owner to post or distribute information concerning infestation and extermination;*
7 *responsibility for extermination; remedy for uncooperative occupant; owner to provide*
8 *documentation to Buildings, Safety Engineering, and Environmental Department concerning*
9 *resolution of vermin complaints*, to make an exception excluding bed bug infestations.

10 IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:

11 Section 1. Chapter 9 of the 1984 Detroit City Code, *Buildings and Building Regulations*;
12 Article I, *Detroit Property Maintenance Code*, Division 4, *Property Maintenance Requirements*,
13 Part III, *Examination*, Section 9-1-353 through 9-1-354, to read as follows:

14 CHAPTER 9. BUILDINGS AND BUILDING REGULATIONS
15 ARTICLE I. DETROIT PROPERTY MAINTENANCE CODE
16 DIVISION 4. PROPERTY MAINTENANCE REQUIREMENTS
17 PART III. EXAMINATION

18 **Sec. 9-1-353. Responsibility of single occupant; exception for defects in building or structure.**

19 The occupant of a one-family dwelling or of a single-tenant nonresidential structure shall
20 be responsible for extermination within the building or structure, provided, that where infestation
21 is caused by defects in the building or structure, the owner shall be responsible for extermination.

22 The requirements of this Section shall not apply to Division 3, *Bed Bugs*, of Chapter 24 of this
23 Code.

1 **Sec. 9-1-354. Multiple occupancy; owner to post or distribute information concerning**
2 **infestation and extermination; responsibility for extermination; remedy for uncooperative**
3 **occupant; owner to provide documentation to Buildings, Safety Engineering, and**
4 **Environmental Department concerning resolution of vermin complaints.**

5 (a) The owner of a building or structure that contains two (2) or more dwelling units,
6 a multiple occupancy, a rooming house or a nonresidential structure:

7 (1) Shall permanently affix in a common area of the building or structure a poster,
8 which contains information concerning infestation and extermination, or distribute
9 a pamphlet, which shall be printed from the Buildings, Safety Engineering, and
10 Environmental Department Website, while documenting the distribution of the
11 pamphlet to an adult occupant of each dwelling unit;

12 (2) Shall be responsible for extermination in all areas of the building or structure and
13 exterior property, provided, that, where an occupant fails to cooperate, the City may
14 obtain entry to the dwelling unit in accordance with Section 9-1-35 of this Code;
15 and

16 (3) Shall provide to the Buildings, Safety Engineering, and Environmental Department
17 documentation, which verifies that a complaint concerning vermin in a dwelling
18 unit has been resolved and contains:

19 (a) The location of the dwelling unit;

20 (b) The name and state license number of the exterminator;

21 (c) The printed name and signature of the occupant of the dwelling unit or their
22 respective representative;

1 (d) The printed name and signature of the owner of the dwelling unit or their
2 respective representative; and

3 (e) The printed name of any association, which represents the occupant of the
4 dwelling unit along with the printed name and signature of a representative
5 of the association.

6 (b) The requirements of this Section shall not apply to Division 3, *Bed Bugs*, of Chapter
7 24 of this Code.

8 **Sec. 9-1-355. Reserved.**

1 **Section 2.** This ordinance is hereby declared necessary to preserve the public peace, health,
2 safety, and welfare of the People of the City of Detroit.

3 **Section 3.** All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

4 **Section 4.** The division added by this ordinance has been enacted as comprehensive local
5 legislation. It is intended to be the sole and exclusive law regarding its subject matter, subject to
6 provisions of state law.

7 **Section 5.** In the event this ordinance is passed by two-thirds (2/3) majority of City Council
8 Members serving, it shall be given immediate effect and become effective upon publication in
9 accordance with Section 4-118 of the 2012 Detroit City Charter. Where this ordinance is passed
10 by less than a two-thirds (2/3) majority of City Council Members serving, it shall become effective
11 on the thirtieth (30) day after enactment, or on the first business day thereafter, in accordance with
12 Section 4-118 of the 2012 Detroit City Charter.

Approved as to form:



Lawrence T. García
Corporation Counsel

RESOLUTION SETTING HEARING

23

By Council Member Ayers:

Resolved, That a public hearing will be held by this body on _____ at _____ A.M., in its Public Health and Safety Standing Committee, in City Council's Committee Room, 13th Floor, Coleman A. Young Municipal Center for the purpose of considering the advisability of adopting the foregoing an Proposed Ordinance to amend Chapter 9 of the 1984 Detroit City Code, *Buildings and Building Regulation*; Article I, *Detroit Property Maintenance Code*, Division 4, *Property Maintenance Requirements*, Part III, *Examination*, by amending Section 9-1-353, *Responsibility of single occupant; exception for defects in building or structure*, and Section 9-1-354, *Multiple occupancy; owner to post or distribute information concerning infestation and extermination; responsibility for extermination; remedy for uncooperative occupant; owner to provide documentation to Buildings, Safety Engineering, and Environmental concerning resolution of vermin complaints*, to make an exception excluding bed bug infestations.

All interested persons are invited to be present to be heard as to their views.

**ADOPTED AS FOLLOWS
COUNCIL MEMBERS**

	YEAS	NAYS
Janee AYERS		
Scott BENSON		
Raquel CASTANEDA-LOPEZ		
Gabe LELAND		
Roy MCCALISTER, JR.		
*Mary SHEFFIELD		
Andre SPIVEY		
James TATE		
Brenda PRESIDENT JONES		
*PRESIDENT PRO TEM		



CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY: 711
(313) 224-3544
WWW.DETROITMI.GOV



24

May 22, 2018

Honorable City Council;

Re: Authorization to accept a donation of park improvements from the Department of Military & Veterans Affairs, Michigan Army National Guard; with an estimated value of \$225,335 to be installed at Farwell Playfield.

Detroit General Services/Parks & Recreation Department is requesting authorization of your Honorable Body to accept a donation of park improvements from the Department of Military & Veterans Affairs, Michigan Army National Guard to be installed at Farwell Playfield. Park improvements will consist of the purchase and installation of fencing and lighting and a cement slab for students to wait for the school bus.

This will be a multi-year project that will start Fiscal Year 2019. Feedback from surrounding community representatives suggest these improvements are desired by neighborhood citizens. The improvements will consist of a standard 6ft chain link fence, four light posts, and concrete slab.

We respectfully request your authorization to accept a donation of park improvements from the Department of Military & Veterans Affairs, Michigan Army National Guard with an estimated value of \$225,335 by adapting the attached resolution with a Waiver of Reconsideration

Sincerely

Brad Dick
Director

ENTERED JUL 19 2018 MTNB (RCL 210)



RESOLUTION

Council Member _____

Whereas, Detroit General Services/Parks & Recreation Department is requesting authorization to accept a donation of park improvements from the Department of Military and Veteran Affairs, Michigan Armory National Guard to be installed at Farwell Playfield

Whereas, this will be a multi-year project that will begin Fiscal Year 2019, the installation will consist of a standard 6ft. fence, four light posts, and a concrete slab. The park improvements are valued at \$225,335.

Resolved, Detroit General Services/Parks & Recreation Department has authorization to accept a donation of park improvements from the Department of Military and Veteran Affairs, Michigan Armory National Guard, value at \$225,335, to be installed at Farwell Playfield.



DETROIT
Parks & Recreation
Department

Park Improvement Authorization Form

Today's Date: 26 February 2018

18100 Meyers Road, Upper Level
Detroit, MI 48236

Requesting Organization Name: State of Michigan, Department of Military & Veterans Affairs

Contact Name: Lynn Vanderbos, Real Estate Specialist

DPRD Property Name: Farwell Field

Phone #: 517-481-7563 Fax #: _____

Property Address: 4444 E. 8 Mile Rd., Detroit

Address: 3423 N. Martin Luther King Jr. Blvd., RFSC Bldg 30
Lansing, Michigan 48906

Location of Improvement In Park: NW 1/4
lot is on the east side of the Armory building.

Email: lynn.a.vanderbos.nfg@mail.mil

Information Included with Request Submission:

Letter of Request Site Plan Sketch

Other: _____

Improvement / Project Description:

Install fencing and lighting for a secured parking area. Install a cement slab for students to stand on while waiting for the school bus. (See attached drawing and email).

Estimated Value of Improvement / Project: \$225,335 over multiple years

FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- My group used a crowdfunding platform (see ioby.org/detroit for more information)
- We received a grant
- My group collected donations from the community without using a digital platform
- Other State funds will be used utilizing a phased approach.

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

REQUIRED MAINTENANCE

General Services Dept. - Design Plan Reviewed

General Services Dept. - Maintenance Required

GSD Project Coordinator: Juliana Ferrer

GSD General Manager: _____

Date: 4/18/2018

Date: _____

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DRD Property named above and construction of this Project as described herein.

Signature: Edward H. Hallenbeck

Print Name: Edward H. Hallenbeck

On behalf of Organization: Department of Military & Veterans Affairs

Date: 21 FEB 2018

**** FOR DETROIT PARKS & RECREATION DEPARTMENT USE ONLY ****

- Project Approved as Submitted
- Project Denied
- Project Approved w/ Changes (See Below)

* Approved By DPRD Director: Paul Dine Date: 5/17/18

* Requesting Group shall not have approval to make the requested park improvement without the approval of the Parks & Recreation Department Director

CHANGES REQUIRED FOR APPROVAL

All project coordination and site layout must be approved by GSD project coordinator or assigned city representative.



RICK SNYDER
GOVERNOR

**STATE OF MICHIGAN
DEPARTMENT OF MILITARY & VETERANS AFFAIRS
LANSING**

MG GREGORY J. VADNAIS
THE ADJUTANT GENERAL AND DIRECTOR

March 20, 2018

**Keith Flournoy, Interim Director
Detroit Parks and Recreation Department
18100 Meyer Rd
Detroit, MI 48235**

Dear Mr. Flournoy,

On behalf of the Department of Military & Veterans Affairs (DMVA), Michigan Army National Guard (MIARNG), I am writing to offer our full assistance in purchasing and installing fencing and lighting for a secure parking area at 4444 E. 8 Mile Rd., Detroit within Farwell Field. The costs, approximately \$225,335.00 are being borne by the group mentioned above. These improvements will be done in phases as part of a multi-year project to start in Fiscal Year 2019. We have worked with community representatives to ensure these improvements are desired. There is a State Maintenance Mechanic on staff full time/year round taking care of our building and property to include this lot.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward H. Hallenbeck", written over a horizontal line.

**EDWARD H. HALLENBECK
Colonel, Michigan Army National Guard
Director, Construction & Facilities
Management Office**

From: "Vanderbos, Lynn A NFG NG MIARNG (US)" <lynn.a.vanderbos.nfg@mail.mil>
To: "fultonj@detroitmi.gov" <fultonj@detroitmi.gov>
Date: 5/17/2018 1:49 PM
Subject: FW: Detroit Light Guard Armory / Farwell Field (UNCLASSIFIED)
Attachments: parking lot drawing.pdf

CLASSIFICATION: UNCLASSIFIED

Juliana,

Thank you for reaching out to me. Please see message below. If you still have questions, feel free to email or call me anytime.

Thank you.

V/r
Lynn VanDerBos
Real Property Specialist
State of Michigan, DMVA
Construction & Facility Management Office
517-481-7563
lynn.a.Vanderbos.nfg@mail.mil

-----Original Message-----

From: Vanderbos, Lynn A NFG NG MIARNG (US)
Sent: Thursday, April 12, 2018 2:15 PM
To: 'tkarl@detroitmi.gov' <tkarl@detroitmi.gov>
Subject: Detroit Light Guard Armory / Farwell Field (UNCLASSIFIED)

CLASSIFICATION: UNCLASSIFIED

Good afternoon Tim,

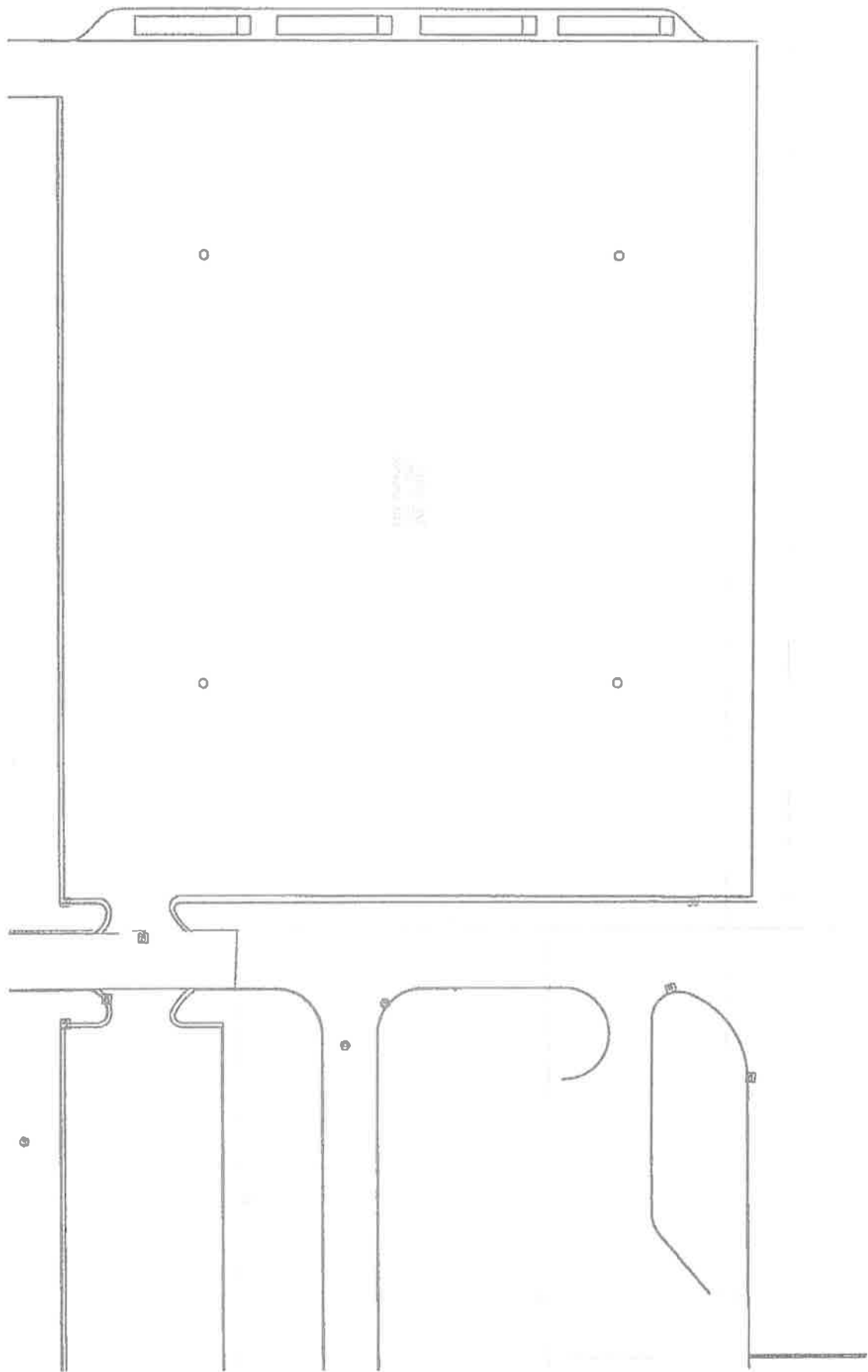
In response to our last conversation please see the answers to your questions below.

1. What type of fencing will be installed? Standard 6 foot chain link fence. We can eliminate the barb wire on top if necessary.
2. Where will the lights be positioned? See attached drawing. The light positions are shown with a small circle (o). there will be four (4) of them.
3. Where will the slab for the busses be located as well as the slab for the kids to stand on while awaiting the bus? See attached drawing. It shows 4 spots for the busses. We can add more spots if there are more busses. The slab for the kids is not shown but will be put right by the bus area.
4. What will be completed in the first year? The lights will be installed and the parking area will be graded level and gravel brought in.

Please let me know if you have any other questions.

Thank you

V/r
Lynn VanDerBos
Real Property Specialist
State of Michigan, DMVA
Construction & Facility Management Office





CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY: 711
(313) 224-3544
WWW.DETROITMI.GOV

~~12~~
25

July 10, 2018

Honorable City Council:

Re: Authorization to accept a donation of eight commemorative benches from the Friends of Mollicone Park.

Detroit General Services Department request authorization from your Honorable Body to accept a donation from The Friends of Mollicone Park of eight commemorative benches and installation to be placed at Mollicone Park located at the corner of Goethe and Burns. This donation has an estimated value of \$23,605.00.

The Friends of Mollicone Park and Landscape Forms will handle the installation of the benches under the supervision of the General Services Department - Landscape Design Unit. Residents of the Mollicone neighborhood are in favor of the commemorative benches and will assist with the installation.

As a donation, ownership rights of the benches will transfer entirely to the City of Detroit General Services Department - Parks and Recreation Division upon completion of the installation.

We respectfully request your authorization to accept this donation of eight commemorative benches with a Waiver of Reconsideration

Sincerely,

LaJuan Counts
Deputy Director

ENTERED JUL 19 2018

MTNB (RCL 210)



Resolution

Council Member _____

Whereas, General Services Department, Parks and Recreation Division is requesting authorization to accept a donation of eight commemorative benches from The Friends of Mollicone Park. The benches will be installed by Landscape Forms under the supervision of Landscape Design Unit

Whereas, the donation of eight commemorative benches and installation have an estimated value of \$23,605.00. Upon the completion of installation, ownership rights to the benches will transfer entirely over to the City of Detroit

Resolved, General Services Department, Parks and Recreation Division is authorized to accept a donation of eight commemorative benches from The Friends of Mollicone Park.



GENERAL SERVICES DEPARTMENT
Parks & Recreation
Division

Park Improvement Authorization Form

Today's Date: June 30, 2018

18100 Meyers Road, Upper Level
Detroit, MI 48235

Requesting Organization Name: Indian Village Historical Collections: Friends of Mollicone Park

Contact Name: Callie Sullivan

Phone #: (810) 772-1599 Fax #: _____

Address: 2221 Iroquois St. Detroit, MI 48214

Email: MolliconePark@gmail.com

DPRD Property Name: Mollicone Park

Property Address: corner of Gypthe and Burns

Location of Improvement in Park: on the edge of the walking path in 8 locations

Information Included with Request Submission:
 Letter of Request Site Plan Sketch
 Other: _____

Improvement / Project Description:

We would like to add eight exposed aggregate pads and eight commemorative Scarborough benches from Landscape Forms (image attached) to the perimeter of the newly installed walking path at Mollicone Park.

Estimated Value of Improvement / Project: \$ 23,605.00

FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- My group used a crowdfunding platform (see ioby.org/detroit for more information)
- We received a grant
- My group collected donations from the community without using a digital platform
- Other _____

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

REQUIRED MAINTENANCE

- General Services Dept. - Design Plan Reviewed
- General Services Dept. - Maintenance Required

GSD Project Coordinator: MICHAEL JACOBS

Date: 7-9-18

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: 

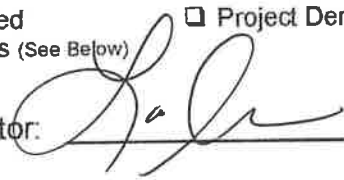
Print Name: Callie Sullivan

On behalf of Organization: IVHC: Friend of Mollicone Park

Date: June 30, 2018

**** FOR GENERAL SERVICES DEPARTMENT - PARKS & RECREATION DIVISION USE ONLY ****

- Project Approved as Submitted
- Project Denied
- Project Approved w/ Changes (See Below)

* Approved By GSD Director:  Date: 7/9/18

* Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

CHANGES REQUIRED FOR APPROVAL

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June 21, 2018

Brad Dick, Director
Detroit Parks and Recreation Division
General Services Department
18100 Meyer Rd
Detroit, MI

Dear Mr. Dick,

On behalf of the Friends of Mollicone Park, a committee within the Indian Village Historical Collections, I am writing to offer our full assistance in purchasing and installing eight commemorative benches from Landscape Forms at the corner of Goethe and Burns in Mollicone Park. The costs, approximately \$23,605.00 are being borne by the group mentioned above. These improvements will take place in July of 2018. We have worked with community representatives to ensure these improvements are desired. We have a property maintenance subcommittee in place to maintain this site throughout the summer.

Thank you for your time and consideration.

Sincerely,



Callie Sullivan

Friends of Mollicone Park, Chair



CITY OF DETROIT
RECREATION DEPARTMENT
ADMINISTRATION OFFICE

18100 MEYERS
DETROIT, MICHIGAN 48235
(313) 224-1100 • TTY:711
(313) 224-3544
WWW.DETROITMI.GOV



26

July 13, 2018

Honorable City Council:

Re: Authorization to accept a donation of park improvements at O'Shea Park from Detroit Economic Growth Association.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements from Detroit Economic Growth Association. These improvement are valued at \$118,000.00.

Cost of the improvements are being borne by the Detroit Economic Growth Association. Park improvements will consist of the construction of an overlook mound and terraced seating as well as concrete repairs and new color coating to transform the existing building slab into an outdoor space for gathering and performance.

The Detroit Economic Growth Association and its affiliates have worked with community representatives to ensure these improvements are desired, and coordinated with the General Services Department -Landscape Design Unit to ensure the design meets the standards and capacity of existing and planned maintenance of the site.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,

LaJuan Counts
Deputy Director

ENTERED JUL 19 2018 MTNB (RCL 20)



Resolution

Council Member _____

Whereas, the General Services Department- Parks and Recreation Division is requesting authorization to accept a donation of park improvements from the Detroit Economic Growth Association to be installed at O'Shea Park, located at Capital Street and Greenfield. Improvements are valued at \$118,000.00

Whereas, The improvements will consist of construction of an overlook mound and terraced seating as well as concrete repairs and new color coating to transform the existing building slab into an outdoor space for gathering and performance. This project will be completed by the end of the 2018 summer season.

Resolved, the General Services Department - Parks and Recreation Division is authorized to accept a donation of park improvements from the Detroit Economic Growth Association, to be installed at O'Shea Park.



DETROIT
Parks & Recreation
Department

Park Improvement Authorization Form

Today's Date: 7/2/2018

18100 Meyers Road, Upper Level
Detroit, MI 48235

Requesting Organization Name: Detroit Economic Growth Association

Contact Name: ~~Adrienne Ziegler~~ Amanda Hanlin DPRD Property Name: O'Shea Park

Phone #: 313-237-4600 Fax #: _____ Property Address: 15810 CAPITOL ST.

Address: 500 GELSWOOD, STE 2200 Location of Improvement in Park: _____
DETROIT, MI 48226 Area Between Parking & Basketball Courts

Email: ~~azeigler@degc.org~~ ahanlin@degc.org Information Included with Request Submission:
 Letter of Request Site Plan Sketch
 Other: _____

Improvement / Project Description:

The improvements at O'Shea park will include repair and painting of the existing slab from the former recreation center building. Additionally gravel pathways will be installed to connect the parking lot to the slab and through to the basketball courts. The project will use earth fill from the DWSD Raingarden excavation to build an overlook hill so that residents and park visitors can view the new DTE Solar array from an elevation. The overlook will be sloped on one side and include stepped seating on the other.

Estimated Value of Improvement / Project: \$118,000

FUNDING SOURCE (optional)

Have you already raised any money for this improvement?

- My group used a crowdfunding platform (see ioby.org/detroit for more information)
- We received a grant
- My group collected donations from the community without using a digital platform
- Other _____

If using a crowdfunding platform to fundraise for this improvement, provide the URL for your campaign page below:

REQUIRED MAINTENANCE

Maintenance for the new solar overlook will be a part of standard GSD maintenance of O'Shea Park based on planned park improvements

- General Services Dept. - Design Plan Reviewed
- General Services Dept. - Maintenance Required

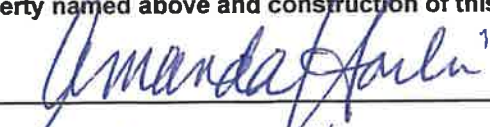
GSD Project Coordinator: Michael Jacobs

GSD General Manager: _____

Date: 7-9-18

Date: _____

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the Detroit Recreation Department. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Detroit Recreation Department consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DRD Property named above and construction of this Project as described herein.

Signature: 

Print Name: Amanda Hanlin

On behalf of Organization: DETROIT economic GROWTH Association

Date: 7-2-18

**** FOR DETROIT PARKS & RECREATION DEPARTMENT USE ONLY ****

- Project Approved as Submitted
- Project Approved w/ Changes (See Below)
- Project Denied

* Approved By DPRD Director:  Date: 7/9/18

* Requesting Group shall not have approval to make the requested park improvement without the approval of the Parks & Recreation Department Director

CHANGES REQUIRED FOR APPROVAL

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DETROIT ECONOMIC GROWTH ASSOCIATION

500 GRISWOLD STREET SUITE 2200 · DETROIT MI 48226 · 313.963.2940 FAX 313.963.8839

July 10, 2018

Brad Dick, Director
General Services Department
18100 Meyer Rd
Detroit, MI

Dear Mr. Dick,

On behalf of the Detroit Economic Growth Association (“DEGA”), I am writing to offer the DEGA’s assistance in purchasing and installing the additions and improvements for the O’Shea Community Hub and Solar Overlook at Capital St & Greenfield in O’Shea Park. This work will include the construction of an overlook mound with terraced seating as well as concrete repairs and new color coating to transform the existing building slab into an outdoor space for gathering and performance.

The costs, approximately \$118,000 are being borne by the DEGA, funded through a Kresge Foundation Grant. Although the DEGA is bearing the costs for the project, the ownership rights to the additions, equipment, and other fixtures installed for this project will be gifted to the City of Detroit General Services Department (“GSD”), subject to a resolution passed by the Detroit City Council. This gift will occur after the project is successfully completed in accordance with the terms and conditions set forth in an agreement entered into between the DEGA and the contractor selected to construct the additions and improvements. These additions and improvements will take place in the Summer 2018 construction season. The DEGA and its affiliates have worked with community representatives to ensure these improvements are desired, and coordinated with the GSD landscape design unit to ensure the design meets the standards and capacity of existing and planned maintenance of the site by GSD.

Thank you for your time and consideration.

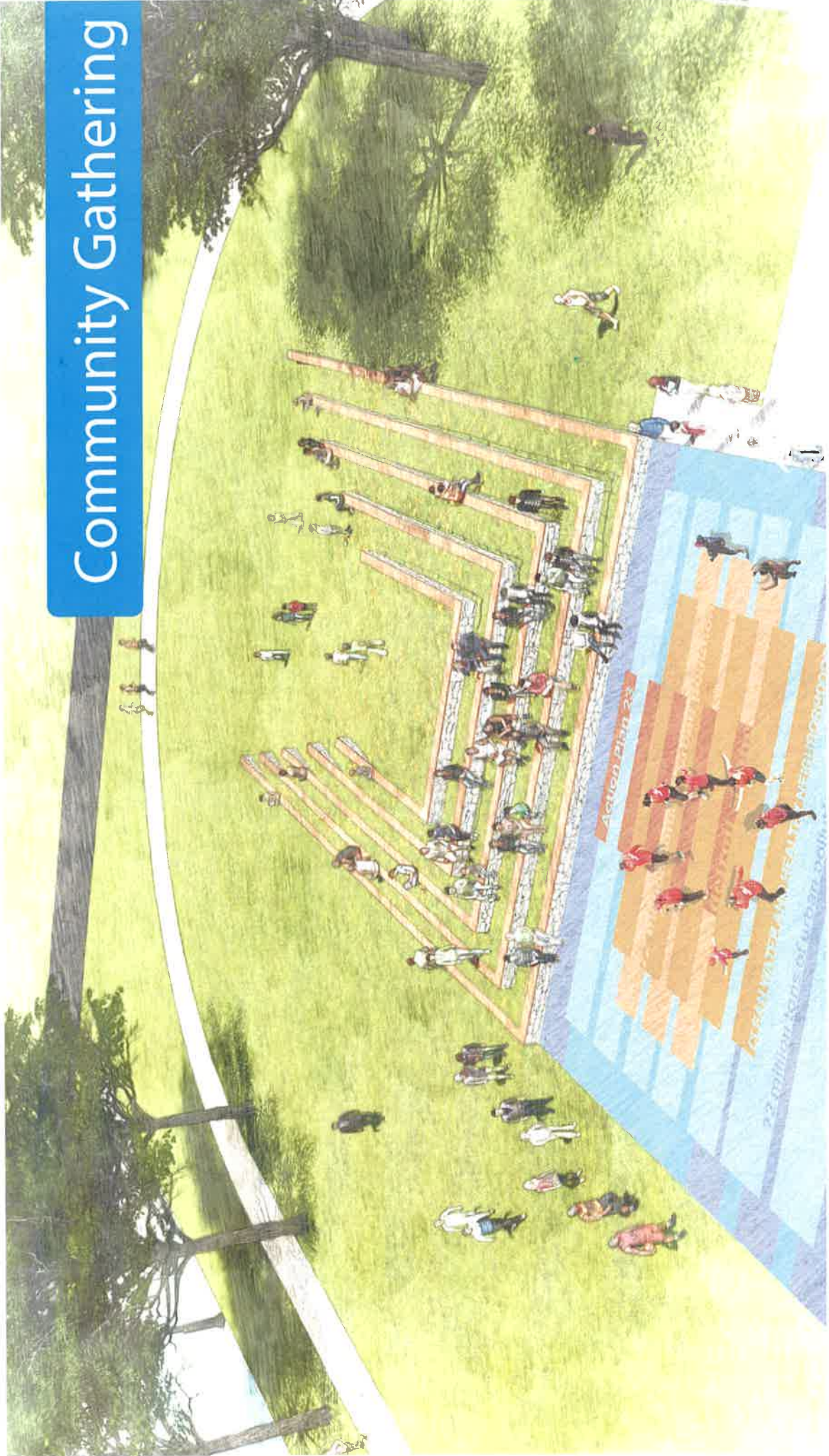
Sincerely,



Amanda Hanlin
Chief of Staff



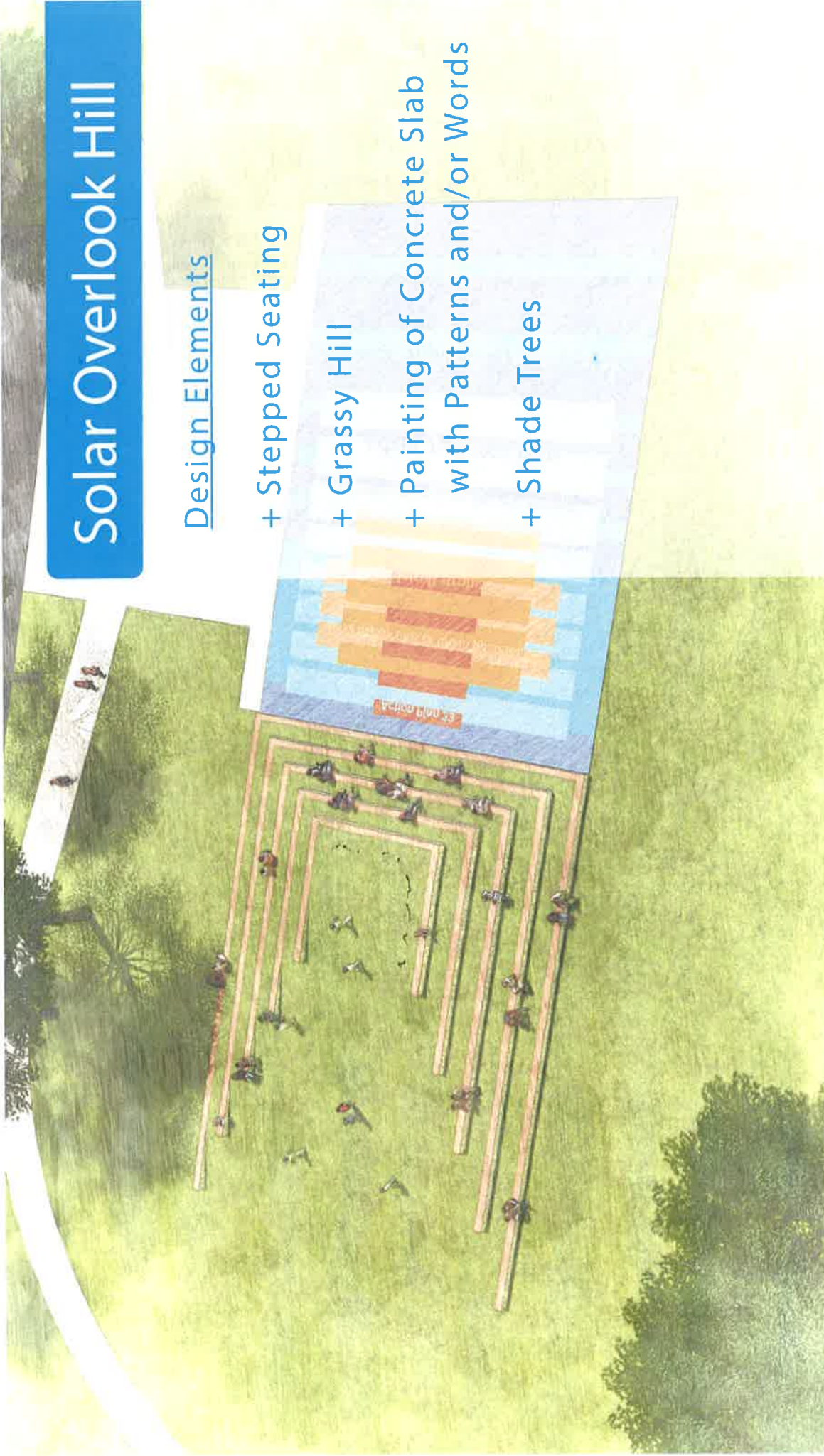
Community Gathering



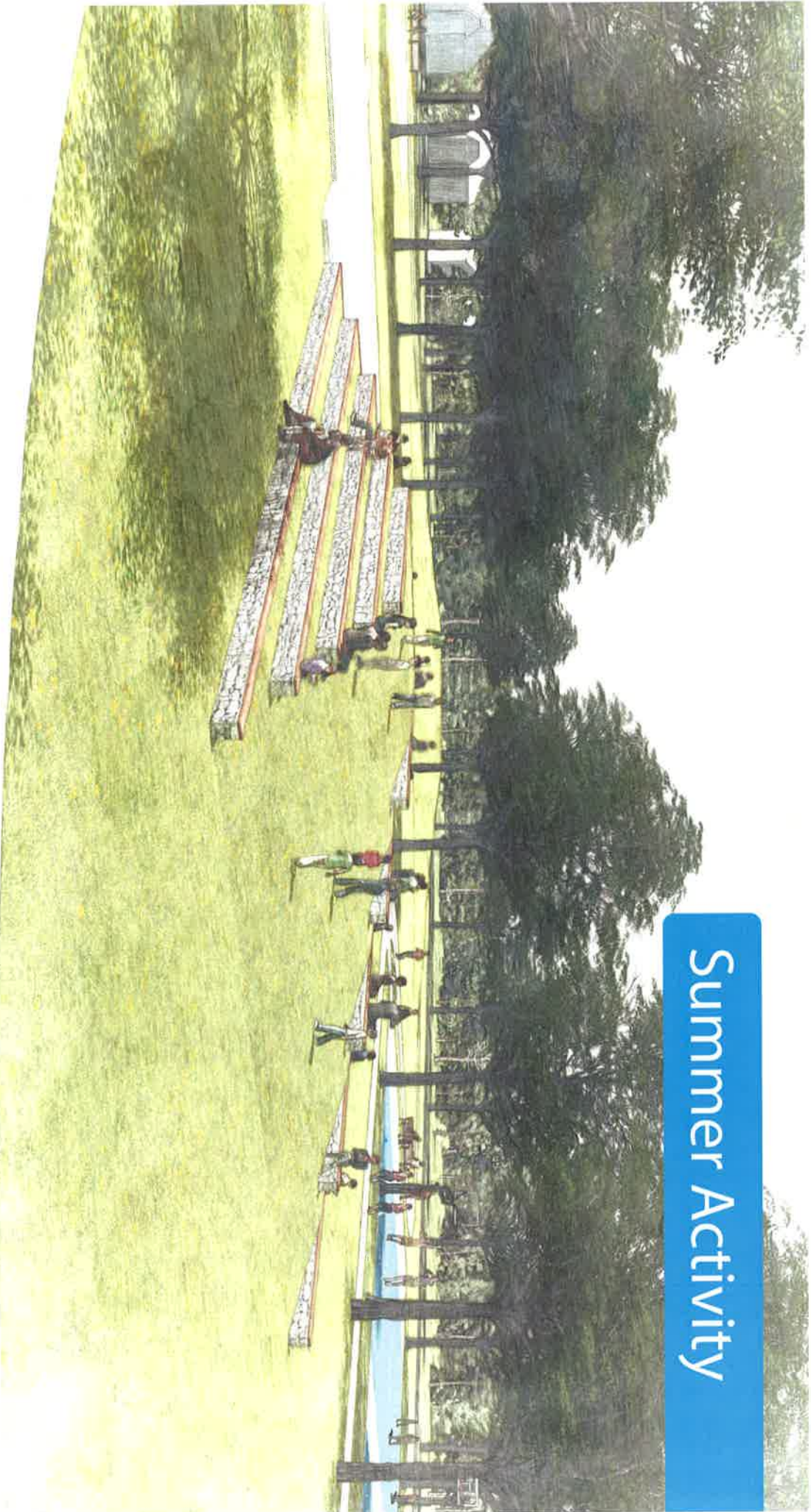
Solar Overlook Hill

Design Elements

- + Stepped Seating
- + Grassy Hill
- + Painting of Concrete Slab with Patterns and/or Words
- + Shade Trees



Summer Activity



27

David Whitaker, Esq.
Director
Irvin Corley, Jr.
Executive Policy Manager
Marcell R. Todd, Jr.
Senior City Planner
Janese Chapman
Deputy Director

City of Detroit
CITY COUNCIL
LEGISLATIVE POLICY DIVISION
208 Coleman A. Young Municipal Center
Detroit, Michigan 48226
Phone: (313) 224-4946 Fax: (313) 224-4336

Christopher Gulock, AICP
Derrick Headd
Marcel Hurt, Esq.
Kimani Jeffrey
Anne Marie Langan
Jamie Murphy
Kim Newby
Analine Powers, Ph.D.
Jennifer Reinhardt
Sabrina Shockley
Thomas Stephens, Esq.
David Teeter
Theresa Thomas
Kathryn Lynch Underwood

LaKisha Barclift, Esq.
M. Rory Bolger, Ph.D., AICP
Elizabeth Cabot, Esq.
Tasha Cowen
Richard Drumb
George Etheridge
Deborah Goldstein

TO: COUNCIL MEMBERS

FROM: David Whitaker, Director
Legislative Policy Division Staff

DATE: July 16, 2018

RE: RESOLUTION IN SUPPORT OF 2018 MICHIGAN HOUSE BILLS 5861-5865

Council Member Benson requested that the Legislative Policy Division (LPD) draft a resolution in support of MICHIGAN HOUSE BILLS 5861-5865. If passed, this five-bill package would amend laws relating to the regulation, generation, and distribution of electricity.

Attached, please find our draft of the aforementioned resolution.

Please contact us if we can be of any further assistance.

Attachment

RESOLUTION BY COUNCIL MEMBER BENSON

RESOLUTION IN SUPPORT OF 2018 MICHIGAN HOUSE BILLS 5861-5865

WHEREAS, The mission of the Detroit City Council is to promote the economic, cultural and physical welfare of Detroit's citizens through Charter-mandated legislative functions; and

WHEREAS, If passed, the five-bill package of House Bills 5861, 5862, 5863, 5864 and 5865 would amend laws relating to the regulation, generation, and distribution of electricity. With a focus on distributed generation. House Bills 5862 and 5863 are tie-barred to one another, which means neither can take effect unless both are enacted. Specifically, each bill would:

- **HB 5861:** allow communities to create a community renewable energy garden, on a single parcel of land that is connected to the state's electric distribution grid and has a generating capacity of 5 megawatts or less and 10 or more subscriber
- **HB 5862:** would remove the provision of program applicability and add that, under the program, any customer of an electric utility or AES may generate electricity using an eligible electric generator interconnected with the local electric utility and operated parallel to the distribution system.
- **HB 5863:** would provide for alternative rates, for customers operating a distributed generation device that is not capable of generating 500 kilowatts or more.
- **HB 5864:** would remove the provision that an electric utility or alternative electric supplier (AES) is not required to allow for a distributed generation program that is greater than 1% of its average in-state peak load for the preceding five calendar years.
- **HB 5865:** would amend Public Act 3 of 1939, the Michigan Public Service Commission enabling act, to allow certain entities to establish microgrids in an effort to support critical facilities; and

WHEREAS, Council member Benson's Green Task Force has reviewed these bills and has concluded that their passage and implementation would be good for the environment for not only the city of Detroit, but the entire state of Michigan and recommends its support for their passage; **NOW THEREFORE BE IT**

RESOLVED, The Detroit City Council, as an advocate of the efficient use of tax payer dollars and for the physical welfare of Detroit's citizens, expresses its support of House Bills 5861, 5862, 5863, 5864 and 5865; **NOW THEREFORE BE IT FURTHER**

RESOLVED, That this resolution be forwarded to the City of Detroit's Lansing Lobbyist, the Detroit Delegation in the State House, State House Committee on Energy Policy, the Michigan State House, and the Governor.

28

City of Detroit
CITY COUNCIL

LEGISLATIVE POLICY DIVISION

208 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Phone: (313) 224-4946 Fax: (313) 224-4336

David Whitaker, Esq.
Director

Irvin Corley, Jr., Executive
Policy Manager

Marcell R. Todd, Jr., Director,
City Planning Commission

LaKisha Barclift, Esq.

M. Rory Bolger, PhD, AICP

Elizabeth Cabot, Esq.

Janese Chapman

Tasha Cowan

Richard Drumb

George Etheridge

Deborah Goldstein

Chris Gulock

Derrick Headd

Marcel Hurt, Esq.

Kimani Jeffrey

Anne Marie Langan

Jamie Murphy

Analine Powers, PhD

Jennifer Reinhardt

Sabrina Shockley

Thomas Stephens, Esq.

David Teeter

Theresa Thomas

Kathryn Lynch Underwood

TO: Honorable Detroit City Council

FROM: David Whitaker, Director
Legislative Policy Division

DATE: July 19, 2018

RE: RESOLUTION TO AUTHORIZE THE COUNCIL PRESIDENT ON
BEHALF OF COUNCIL TO SUPPORT THE (DDOT) APPLICATION TO
THE FEDERAL TRANSIT ADMINISTRATION FOR THE 2018 BUS AND
BUS FACILITIES GRANT PROGRAM

The Honorable Council President Brenda Jones requested that the Legislative Policy Division draft a resolution to AUTHORIZE THE COUNCIL PRESIDENT ON BEHALF OF COUNCIL TO SUPPORT THE (DDOT) APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION.

Enclosed, please find our draft of the resolution.

Please contact us if we can be of any further assistance.

BY COUNCIL PRESIDENT BRENDA JONES

RESOLUTION TO AUTHORIZE THE COUNCIL PRESIDENT ON BEHALF OF COUNCIL TO SUPPORT THE (DDOT) APPLICATION TO THE FEDERAL TRANSIT ADMINISTRATION FOR 2018 BUS AND BUS FACILITIES GRANT PROGRAM

WHEREAS, The mission of the Detroit City Council is to promote the economic, cultural and physical welfare of Detroit’s citizens through Charter-mandated legislative functions; and

WHEREAS, The Federal Transit Administration (FTA) Bus and Bus Facilities Grant program desires to improve the condition of the nation’s public transportation bus fleets, expand transportation access to employment, educational, healthcare facilities, and to improve mobility options in all communities throughout the country. In accordance with the statutory requirements, the FTA must “consider the age and condition of buses, bus fleets, related equipment, and bus-related facilities;” and

WHEREAS, The Detroit Department of Transportation (DDOT) submitted an application applied to the Federal Transit Administration for Section 5339 (b) Grants for Bus and Bus Facilities Program funding to rehabilitate the DDOT Coolidge Terminal and Maintenance Facility; and

WHEREAS, If approved, this competitive grant would provide funding for improvements to our bus transit system that would not be achievable through internal formula allocations; and

WHEREAS, The Detroit City Council supports the application and welcomes the opportunity to implement progressive strategies for public transportation—one of the city’s big weaknesses, is not only a benefit for the city of Detroit, but for Southeast Michigan as well; **NOW THEREFORE BE IT**

RESOLVED, That the Detroit City Council authorizes the Council President to issue a letter of support to K. Jane Williams, Acting Administrator of the Federal Transit Administration, on behalf of Council.

REVISED RESOLUTION TO CALL CLOSED SESSION

RESOLVED, in accordance with Section 8(h) of the Open Meetings Act, 1976 PA 267, MCL 15.268(h), a closed session of the Detroit City Council is hereby called with representatives from the Detroit Police Department as well as attorneys from the Legislative Policy Division and the City of Detroit Law Department, for the purposes of discussing a privileged and confidential memorandum titled *Police Training Liability and Party Admissions in Evidence*, dated May 23, 2018. This memorandum is an attorney-client communication prepared by the Law Department and therefore is exempt from disclosure under Section 13(g) of the Freedom of Information Act, MCL 15.243(1)(g). The closed session will be rescheduled from Tuesday, July 24, 2018 at 3:00 pm to be held on **Tuesday, September 18, 2018 at 2:00 pm.**

Note: A 2/3 Roll Call vote of members elected and serving (6 votes) is required pursuant to MCL 15.267(1).

Dated: July 18, 2018